

## TEST #1

FORMS INCLUDED: FORM 1040EZ, W-2 (1)

## Form 1040EZ:

Taxpayer's first name, initial, last name	COMBAT ZONE
Taxpayer's social security number	TEST I WHY
Spouse's first name, initial, last name	400-00-1001
Spouse's social security number	GWEN R KNOTT
Home address (number and street)	400-00-2001
City, state, and zip	12457 WILSHIRE-ON-THE-HAMPTONS BLVD
Filing status	WYNOT NE 68792
	MARRIED FILING JOINTLY
Line 2: Taxable interest	63
Line 3: Unemployment compensation	200
Line 4: Adjusted gross income	263
Line 5: Can someone else claim you on their return	NO
Deduction/exemption amount	16400
Line 6: Taxable income	0
Line 8a: Earned income credit	399
Line 8b: Nontaxable combat pay election	6700
Line 9: Total payments	399
Line 10: Tax	0
Line 11a: Refund	399
Line 11b: Routing number	123456780
Line 11c: Account type	CHECKING
Line 11d: Account number	02135763
Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11125
Taxpayer's occupation:	MILITARY
Spouse's occupation:	HOMEMAKER

## Form W-2 #1:

Box b: Employer identification number	01-1234567
Box c: Employer's name, address, and zip code	US MILITARY
	101 SW WASHINGTON ST
	WASHINGTON DC 20044
Box d: Employee's social security number	400-00-1001
Box e: Employee's first name, initial, last name	TEST I WHY
Box f: Employee's address and zip code	12457 WILSHIRE-ON-THE-HAMPTONS BLVD
	WYNOT NE 68792
Box 1: Wages, tips, other compensation	0
Box 2: Federal income tax withheld	0
Box 3: Social security wages	6700
Box 4: Social security tax withheld	415
Box 5: Medicare wages and tips	6700
Box 6: Medicare tax withheld	97
Box 12a:	Q 6700
Box 15: State	NE
Employer's state ID number	123456
Box 16: State wages, tips, etc	0

## TEST #2

FORMS INCLUDED: FORM 1040EZ, W-2 (1)

## Form 1040EZ:

Taxpayer's first name, initial, last name	TEST A EAU DE TOILETTE
Taxpayer's social security number	400-00-1002
Home address (number and street)	5 GOTTA SMELL GOOD ST
City, state, and zip	COLOGNE MN 55322
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE
Line 1: Wages, salaries, and tips	9000
Line 2: Taxable interest	370
Line 4: Adjusted gross income	9370
Line 5: Can someone else claim you on their return	NO
Deduction/exemption amount	8200
Line 6: Taxable income	1170
Line 7: Federal income tax withheld	75
Line 8a: Earned income credit	182
Line 9: Total payments	257
Line 10: Tax	116
Line 11a: Refund	141
Line 11b: Routing number	XXXXXXXXXX
Line 11d: Account number	XXXXXXXXXXXXXXXXXXXX
Third party designee:	NO
Taxpayer's occupation:	SALES CLERK

## FORM W-2 #1:

Box b: Employer identification number	41-8765432
Box c: Employer's name, address, and zip code	SWEET AROMA HEALTH AND BEAUTY AIDES 7 FRAGRANT WAY COLOGNE MN 55322
Box d: Employee's social security number	400-00-1002
Box e: Employee's first name, initial, and last name	TEST A EAU DE TOILETTE
Box f: Employee's address and zip code	5 GOTTA SMELL GOOD ST COLOGNE MN 55322
Box 1: Wages, tips, other compensation	9000
Box 2: Federal income tax withheld	75
Box 3: Social security wages	9000
Box 4: Social security tax withheld	558
Box 5: Medicare wages and tips	9000
Box 6: Medicare tax withheld	131
Box 15: State	MN
Employer's state ID number	41777
Box 16: State wages, tips, etc	9000
Box 17: State income tax	525

## TEST #3

FORMS INCLUDED: FORM 1040EZ, W-2 (1)

## Form 1040EZ:

Taxpayer's first name, initial, last name	TEST N ERTIA
Taxpayer's social security number	400-00-1003
Home address (number and street)	215 LAID BACK WAY
City, state, and zip	LAZY POINT NY 11930-2150
Filing status	SINGLE
Line 1: Wages, salaries, and tips	2150
Line 2: Taxable interest	270
Line 4: Adjusted gross income	2420
Line 5: Can someone else claim you on their return	YES (You)
Deduction/exemption amount	2400
Line 6: Taxable income	20
Line 7: Federal income tax withheld	300
Line 8a: Earned income credit	NO
Line 9: Total payments	300
Line 10: Tax	2
Line 11a: Refund	298
Line 11b: Routing number	012456778
Line 11c: Account type	SAVINGS
Line 11d: Account number	111-222-3456
Third party designee:	NO
Taxpayer's occupation:	COOK
Daytime phone number:	305-678-9012
Return prepared by: Taxpayer	

## FORM W-2 #1:

Box b: Employer identification number	11-6321571
Box c: Employer's name, address, and zip code	LOAFERS SANDWICH SHOPPE 14A LOAFERS LAND LAZY POINT NY 11930
Box d: Employee's social security number	400-00-1003
Box e: Employee's first name, initial, and last name	TEST N ERTIA
Box f: Employee's address and zip code	215 LAID BACK WAY LAZY POINT NY 11930-2150
Box 1: Wages, tips, other compensation	2150
Box 2: Federal income tax withheld	300
Box 3: Social security wages	2150
Box 4: Social security tax withheld	133
Box 5: Medicare wages and tips	2150
Box 6: Medicare tax withheld	31
Box 15: State	NY
Employer's state ID number	112176
Box 16: State wages, tips, etc	2150
Box 17: State income tax	215

## TEST #4

FORMS INCLUDED: FORM 1040A, W-2 (2)

## Form 1040A:

Taxpayer's first name, initial, last name	TEST N BLOWNAPART
Taxpayer's social security number	400-00-1004
Spouse's social security number	400-00-2004
Home address (number and street)	781 WATERLOO WAY
City, state, and zip	NAPOLEON MI 49261
Filing status	MARRIED FILING SEPARATELY
Spouse's name	FREDA T BLOWNAPART

Line 6a:	Yourselves (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6c:	Dependent #1:	
	Name	JOSEPHINE BATTLE
	Social security number	900-78-3004
	Relationship	DAUGHTER
	Qualifying child	X
	Dependent #2:	
	Name	JACKIE CLAWS
	Social security number	400-00-4004
	Relationship	PARENT
	Number of children who did not live with you	1
	Dependents on 6c not entered above	1
Line 6d:	Total number of exemptions claimed	3
Line 7:	Wages, salaries, and tips	22300
Line 15:	Total income	22300
Line 21:	Adjusted gross income	22300
Line 22:	Enter amount from line 21	22300
Line 24:	Standard deduction	5000
Line 25:	Subtract line 24 from line 22	17300
Line 26:	Multiply \$3200 by the total number of exemptions claimed on line 6d	9600
Line 27:	Taxable income	7700
Line 28:	Tax	794
Line 33:	Child tax credit	794
Line 35:	Total credits	794
Line 36:	Subtract line 35 from line 28	0
Line 38:	Total tax	0
Line 39:	Federal income tax withheld	2380
Line 42:	Additional child tax credit	206
Line 43:	Total payments	2586
Line 44:	Overpaid	2586
Line 45a:	Amount refunded	2586
Line 45b:	Routing number	XXXXXXXXXX
Line 45d:	Account number	XXXXXXXXXXXXXXXXXXXX

Third party designee: NO

Taxpayer's occupation: WELDER

Return prepared by: Taxpayer

TEST #4 (CONTINUED):

Form W-2 #1:

Box b:	Employer identification number	38-3838196
Box c:	Employer's name, address, and zip code	WELDERS R WE 8888 CORKSCREW CIRCLE NAPOLEON MI 49261-8888
Box d:	Employee's social security number	400-00-1004
Box e:	Employee's first name, initial, and last name	TEST N BLOWNAPART
Box f:	Employee's address and zip code	781 WATERLOO WAY NAPOLEON MI 49261
Box 1:	Wages, tips, other compensation	11500
Box 2:	Federal income tax withheld	1300
Box 3:	Social security wages	11500
Box 4:	Social security tax withheld	713
Box 5:	Medicare wages and tips	11500
Box 6:	Medicare tax withheld	167
Box 15:	State	MI
	Employer's state ID number	384759
Box 16:	State wages, tips, etc	11500
Box 17:	State income tax	805

Form W-2 #2:

Box b:	Employer identification number	38-1425336
Box c:	Employer's name, address, and zip code	BONDO MAGIC COMPANY ONE PLUS ONE DRIVE NAPOLEON MI 49261
Box d:	Employee's social security number	400-00-1004
Box e:	Employee's first name, initial, and last name	TEST N BLOWNAPART
Box f:	Employee's address and zip code	781 WATERLOO WAY NAPOLEON MI 49261
Box 1:	Wages, tips, other compensation	10800
Box 2:	Federal income tax withheld	1080
Box 3:	Social security wages	10800
Box 4:	Social security tax withheld	670
Box 5:	Medicare wages and tips	10800
Box 6:	Medicare tax withheld	157
Box 15:	State	MI
	Employer's state ID number	382176
Box 16:	State wages, tips, etc	10800

TEST #5

FORMS INCLUDED: FORM 1040A, W-2 (2)

Form 1040A:

Taxpayer's first name, initial, last name	TEST O MAPLE
Taxpayer's social security number	400-00-1005
Home address (number and street)	7842 WEEPING WILLOW LN
City, state, and zip	AUDUBON NJ 08106-7842
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE
Number of boxes checked on 6a and 6b	0
Line 6d: Total number of exemptions claimed	0
Line 7: Wages, salaries, and tips	4400
Line 8a: Taxable interest	6500
Line 8b: Tax-exempt interest	1000
Line 9a: Ordinary dividends	3000
Line 15: Total income	13900
Line 21: Adjusted gross income	13900
Line 22: Enter amount from line 21	13900
Line 24: Standard deduction	4650
Line 25: Subtract line 24 from line 22	9250
Line 26: Multiply \$3200 by the total number of exemptions claimed on line 6d	0
Line 27: Taxable income	9250
Line 28: Tax	1026
Line 36: Subtract line 35 from line 28	1026
Line 38: Total tax	1026
Line 39: Federal income tax withheld	972
Line 43: Total payments	972
Line 47: Amount you owe:	54
Third party designee:	NO
Taxpayer's occupation:	TREE TRIMMER
Daytime phone number:	201-555-1111
Taxpayer's PIN:	19821
Date:	3/21/2006

TEST #5 (CONTINUED):

Form W-2 #1:

Box b:	Employer identification number	22-2244661
Box c:	Employer's name, address, and zip code	TREE TOPPERS INC 783 CHRISTMAS TREE DRIVE AUDUBON NJ 08106
Box d:	Employee's social security number	400-00-1005
Box e:	Employee's first name, initial, and last name	TEST O MAPLE
Box f:	Employee's address and zip code	7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842
Box 1:	Wages, tips, other compensation	1200
Box 2:	Federal income tax withheld	472
Box 3:	Social security wages	1200
Box 4:	Social security tax withheld	74
Box 5:	Medicare wages and tips	1200
Box 6:	Medicare tax withheld	17
Box 15:	State	NJ
	Employer's state ID number	22130
Box 16:	State wages, tips, etc	1200
Box 17:	State income tax	84

Form W-2 #2:

Box b:	Employer identification number	22-3355771
Box c:	Employer's name, address, and zip code	OAKLEYS YARD AND GARDEN 87 KUDZU CENTER AUDUBON NJ 08106
Box d:	Employee's social security number	400-00-1005
Box e:	Employee's first name, initial, and last name	TEST O MAPLE
Box f:	Employee's address and zip code	7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842
Box 1:	Wages, tips, other compensation	3200
Box 2:	Federal income tax withheld	500
Box 3:	Social security wages	3200
Box 4:	Social security tax withheld	198
Box 5:	Medicare wages and tips	3200
Box 6:	Medicare tax withheld	46
Box 15:	State	NJ
	Employer's state ID number	07543917
Box 16:	State wages, tips, etc	3200

## TEST #6

FORMS INCLUDED: FORM 1040A, 1099-R (2)

## Form 1040A:

Taxpayer's first name, initial, last name	TEST P BARRELL
Taxpayer's social security number	400-00-1006
Home address (number and street)	25000 HAM AND BACON JUNCTION
City, state, and zip	PIG TOWN MD 21230
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	QUALIFYING WIDOW(ER)
Year spouse died	2004

Line 6a:	Yourself (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6c:	Dependent #1:	
	Name	ROLAND BARRELL
	Social security number	400-55-3006
	Relationship	FOSTERCHILD
	Number of children who lived with you	1
Line 6d:	Total number of exemptions claimed	2
Line 8a:	Taxable interest	10000
Line 11b:	Taxable amount of IRA distributions	2500
Line 12b:	Taxable amount of pensions and annuities	4920
Line 15:	Total income	17420
Line 21:	Adjusted gross income	17420
Line 22:	Enter amount from line 21	17420
Line 23a:	You were born before January 2, 1941	X
	Total boxes checked	1
Line 24:	Standard deduction	11000
Line 25:	Subtract line 24 from line 22	6420
Line 26:	Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 27:	Taxable income	20
Line 28:	Tax	2
Line 30:	Credit for elderly or disabled	1
Line 35:	Total credits	1
Line 36:	Subtract line 35 from line 28	1
Line 38:	Total tax	1
Line 39:	Federal income tax withheld	200
	Literal	FORM 1099
Line 40:	Estimated tax payments and overpayment applied	500
Line 43:	Total payments	700
Line 44:	Overpaid	699
Line 45a:	Amount refunded	574
Line 45b:	Routing number	XXXXXXXXXX
Line 45d:	Account number	XXXXXXXXXXXXXXXXXXXX
Line 46:	Applied to estimated tax	125

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122

Taxpayer's occupation:	RETIRED
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TEST #6 (CONTINUED):

Form 1099-R #1:

Payer's name, street address, city, state, and zip	OUR SHARE BANK & TRUST 72 MARKET PLACE PIG TOWN MD 21230-7272
Payer's federal identification number	52-7754541
Recipient's identification number	400-00-1006
Recipient's name	TEST P BARRELL
Recipient's street address	25000 HAM AND BACON JUNCTION
Recipient's city, state, and zip	PIG TOWN MD 21230
Box 1: Gross Distribution	2500
Box 2a: Taxable amount	2500
Box 7: Distribution code	7
IRA/SEP/SIMPLE	X
Box 11: State/payer's state number	MD

Form 1099-R #2:

Payer's name, street address, city, state, and zip	WECAN DUETTE LOBBYISTS 1000 BUCKS ST PIG TOWN MD 21230
Payer's federal identification number	52-9081726
Recipient's identification number	400-00-1006
Recipient's name	TEST P BARRELL
Recipient's street address	25000 HAM AND BACON JUNCTION
Recipient's city, state, and zip	PIG TOWN MD 21230
Box 1: Gross Distribution	4920
Box 2a: Taxable amount	4920
Box 4: Federal income tax withheld	200
Box 7: Distribution code	7
Box 11: State/payer's state number	MD

TEST #7

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

Form 1040A:

Taxpayer's first name, initial, last name	TEST T BEHAVIOR
Taxpayer's social security number	400-00-1007
Home address (number and street)	1215 LONG ST
City, state, and zip	MORGAN GA 31766
Filing status	HEAD OF HOUSEHOLD
Head of household qualifying person's name	DARRELL BEHAVIOR
Qualifying person's social security number	400-55-3007

Line 6a:	Yourselves (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6d:	Total number of exemptions claimed	1
Line 7:	Wages, salaries, and tips	12000
Line 9a:	Ordinary dividends	200
Line 9b:	Qualified dividends	100
Line 10:	Capital gain distributions	2500
Line 13:	Unemployment compensation	200
Line 15:	Total income	14900
Line 16:	Educator expenses	250
Line 17:	IRA deduction	2000
Line 19:	Tuition and fees deduction	1250
Line 20:	Total adjustments	3500
Line 21:	Adjusted gross income	11400
Line 22:	Enter amount from line 21	11400
Line 24:	Standard deduction	7300
Line 25:	Subtract line 24 from line 22	4100
Line 26:	Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 27:	Taxable income	900
Line 28:	Tax	45
Line 32:	Retirement savings contributions credit	45
Line 35:	Total credits	45
Line 36:	Subtract line 35 from line 28	0
Line 38:	Total tax	0
Line 39:	Federal income tax withheld	750
Line 43:	Total payments	750
Line 44:	Overpaid	750
Line 45a:	Amount refunded	750
Line 45b:	Routing number	012456778
Line 45c:	Account type	CHECKING
Line 45d:	Account number	111-222-5555

Third party designee: NO

Taxpayer's occupation: COUNSELOR

TEST #7 (CONTINUED):

FORM W-2 #1:

Box b:	Employer identification number	58-2243633
Box c:	Employer's name, address, and zip code	MORGAN ELEMENTARY 1 MAIN ST MORGAN GA 31766
Box d:	Employee's social security number	400-00-1007
Box e:	Employee's first name, initial, and last name	TEST T BEHAVIOR
Box f:	Employee's address and zip code	1215 LONG ST MORGAN GA 31766
Box 1:	Wages, tips, other compensation	12000
Box 2:	Federal income tax withheld	750
Box 3:	Social security wages	12000
Box 4:	Social security tax withheld	744
Box 5:	Medicare wages and tips	12000
Box 6:	Medicare tax withheld	174
Box 15:	State	GA
	Employer's state ID number	5832524
Box 16:	State Wages, tips, etc	12000
Box 17:	State income tax	375

## TEST #8

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

## Form 1040:

Taxpayer's first name, initial, last name	TEST M LUCKY
	DECEASED 10-15-2005
Taxpayer's social security number	400-00-1008
Home address (number and street)	13 WINNERS CIR
	JOHN M LUCKY
City, state, and zip	HORSE SHOE NC 28742
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	GOTTABE LUCKY
Social security number	400-55-3008
Relationship	SON
Qualifying child	X
Number of children who did not live with you	1
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	21000
Line 8a: Taxable interest	290
Line 9a: Ordinary dividends	223
Line 19: Unemployment compensation	3560
Line 22: Total income	25073
Line 32: IRA deduction	1000
Line 36: Add lines 23 through 31a and 32 through 35	1000
Line 37: Adjusted gross income	24073
Line 38: Enter amount from line 37	24073
Line 40: Itemized deductions or standard deduction	5000
Line 41: Subtract line 40 from line 38	19073
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	12673
Line 44: Tax	1536
Line 46: Add lines 44 and 45	1536
Line 51: Retirement savings contributions credit	100
Line 52: Child tax credit	1000
Line 56: Total credits	1100
Line 57: Subtract line 56 from line 46	436
Line 63: Total tax	436
Line 64: Federal income tax withheld	800
Line 70: Other payments from	103
Line 70b: Form 4136	X
Line 71: Total payments	903
Line 72: Overpaid	467
Line 73a: Amount refunded	467
Line 73b: Routing number	XXXXXXXXXX
Line 73d: Account type	XXXXXXXXXXXXXXXXXXXX
Third party designee:	YES
Designee's name	IMA LUCKYONE II
Designee's phone number	888-555-1212
Designee's personal identification number (PIN)	12345
Taxpayer's occupation:	GROUNDSCKEEPER

TEST #8 (CONTINUED):

FORM W-2 #1:

Box b:	Employer identification number	56-1234567
Box c:	Employer's name, address, and zip code	THOROUGHBRED FARMS 1 LICKSKILLET LANE HORSE SHOE NC 28742
Box d:	Employee's social security number	400-00-1008
Box e:	Employee's first name, initial, and last name	TEST M LUCKY
Box f:	Employee's address and zip code	13 WINNERS CIR HORSE SHOE NC 28742
Box 1:	Wages, tips, other compensation	21000
Box 2:	Federal income tax withheld	800
Box 3:	Social security wages	21000
Box 4:	Social security tax withheld	1302
Box 5:	Medicare wages and tips	21000
Box 6:	Medicare tax withheld	305
Box 15:	State	NC
	Employer's state ID number	568866
Box 16:	State wages, tips, etc	21000
Box 17:	State income tax	980

## TEST #9

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

## Form 1040:

Taxpayer's first name, initial, last name	TEST C ACAPPELLA
Taxpayer's social security number	400-00-1009
Spouse's social security number	400-00-2009
Home address (number and street)	4 QUARTET CTR
City, state, and zip	SOLO MO 65564
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING SEPARATELY
Spouse's name	DUET ACAPPELLA
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	FORTISSIMO ARIA
Social security number	400-55-3009
Relationship	DAUGHTER
Qualifying child	X
Number of children who did not live with you	1
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	26250
Line 22: Total income	26250
Line 23: Educator expenses	250
Line 36: Add lines 23 through 31a and 32 through 35	250
Line 37: Adjusted gross income	26000
Line 38: Enter amount from line 37	26000
Line 39b: If MFS and spouses itemizes deductions	X
Line 40: Itemized deductions or standard deduction	2100
Line 41: Subtract line 40 from line 38	23900
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	17500
Line 44: Tax	2264
Line 46: Add lines 44 and 45	2264
Line 52: Child tax credit	1000
Line 56: Total credits	1000
Line 57: Subtract line 56 from line 46	1264
Line 63: Total tax	1264
Line 64: Federal income tax withheld	1200
Line 71: Total payments	1200
Line 75: Amount you owe:	64
Third party designee:	NO
Taxpayer's occupation:	TEACHER
Daytime phone number:	314-555-1008
Return prepared by: Taxpayer	

TEST #9 (CONTINUED):

FORM W-2 #1:

Box b:	Employer identification number	43-7685943
Box c:	Employer's name, address, and zip code	SOLO CITY ORCHESTRA SOLO CENTER SUITE 420 SOLO MO 65564
Box d:	Employee's social security number	400-00-1009
Box e:	Employee's first name, initial, and last name	TEST C ACAPPELLA
Box f:	Employee's address and zip code	4 QUARTET CTR SOLO MO 65564
Box 1:	Wages, tips, other compensation	26250
Box 2:	Federal income tax withheld	1200
Box 3:	Social security wages	26250
Box 4:	Social security tax withheld	1628
Box 5:	Medicare wages and tips	26250
Box 6:	Medicare tax withheld	381
Box 15:	State	MO
	Employer's state ID number	43918273
Box 16:	State wages, tips, etc	26250
Box 17:	State income tax	800

TEST #10

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

Form 1040A:

Taxpayer's first name, initial, last name	COMBAT ZONE
Taxpayer's social security number	TEST U PHROZINTOWES
Home address (number and street)	400-00-1010
City, state, and zip	1832 NORTH POLE LN
Taxpayer's Presidential Election Campaign Fund	COLDFOOT AK 99701
Filing status	YES
	HEAD OF HOUSEHOLD
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	JESSICA LEE
Social security number	400-55-3010
Relationship	DAUGHTER
Qualifying child	X
Dependent #2:	
Name	TAMMY TY
Social security number	400-55-4010
Relationship	FOSTERCHILD
Qualifying child	X
Dependent #3:	
Name	SAMMY PHROZINTOWES
Social security number	400-55-5010
Relationship	SON
Qualifying child	X
Number of children who lived with you	2
Dependents on 6c not entered above	1
Line 6d: Total number of exemptions claimed	4
Line 7: Wages, salaries, and tips	10650
Line 15: Total income	10650
Line 19: Tuition and fees deduction	250
Line 20: Total adjustments	250
Line 21: Adjusted gross income	10400
Line 22: Enter amount from line 21	10400
Line 24: Standard deduction	7300
Line 25: Subtract line 24 from line 22	3100
Line 26: Multiply \$3200 by the total number of exemptions claimed on line 6d	12800
Line 27: Taxable income	0
Line 28: Tax	0
Line 36: Subtract line 35 from line 28	0
Line 37: Advance earned income credit payments	412
Line 38: Total tax	412
Line 39: Federal income tax withheld	1065
Line 41a: Earned income credit	4400
Line 41b: Nontaxable combat pay election	2000
Line 42: Additional child tax credit	248
Line 43: Total payments	5713
Line 44: Overpaid	5301
Line 45a: Amount refunded	5301
Line 45b: Routing number	XXXXXXXXXX
Line 45d: Account number	XXXXXXXXXXXXXXXXXXXX



TEST #10 (CONTINUED) :

Third party designee:	YES
Designee's name	JANE SMITH
Designee's phone number	123-456-7890
Designee's personal identification number (PIN)	34567
Taxpayer's occupation:	CLERICAL

Form W-2 #1:

Box b:	Employer identification number	38-9391949
Box c:	Employer's name, address, and zip code	PHRIEZ, EYECICKLE, AND GLACIER 21 APPEAL ST KANATA ONTARIO K2K1X-3 .
Box d:	Employee's social security number	400-00-1010
Box e:	Employee's first name, initial, and last name	TEST U PHROZINTOWES
Box f:	Employee's address and zip code	1832 NORTH POLE LN COLDFOOT AK 99701
Box 1:	Wages, tips, other compensation	10650
Box 2:	Federal income tax withheld	1065
Box 3:	Social security wages	10650
Box 4:	Social security tax withheld	660
Box 5:	Medicare wages and tips	10650
Box 6:	Medicare tax withheld	154
Box 9:	Advance EIC Payment	412
Box 12a:		D 1500
Box 13:	Retirement plan	X
Box 15:	State	MI
	Employer's state ID number	382461
Box 16:	State wages, tips, etc	10650
Box 17:	State income tax	480

Form W-2 #2:

Box b:	Employer identification number	01-1234567
Box c:	Employer's name, address, and zip code	US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044
Box d:	Employee's social security number	400-00-1010
Box e:	Employee's first name, initial, and last name	TEST U PHROZINTOWES
Box f:	Employee's address and zip code	1832 NORTH POLE LN COLDFOOT AK 99701
Box 1:	Wages, tips, other compensation	0
Box 2:	Federal income tax withheld	0
Box 3:	Social security wages	2000
Box 4:	Social security tax withheld	124
Box 5:	Medicare wages and tips	2000
Box 6:	Medicare tax withheld	29
Box 12a:		Q 2000
Box 15:	State	AK
	Employer's state ID number	234567
Box 16:	State wages, tips, etc	0

Test # 11

FORMS INCLUDED: FORM 1040, FORM W-2 (14)

Form 1040:

Taxpayer's first name, initial, last name	TEST T HUNTER
Home address (number and street)	400-00-1011
City, state, and zip	1234 LUKE THOMAS BLVD
Filing status	QUINTON AL 35130
	SINGLE
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 7: Wages, salaries, and tips	15950
Line 22: Total income	15950
Line 24: Certain business expenses	625
Line 36: Add lines 23 through 31a and 32 through 35	625
Line 37: Adjusted gross income	15325
Line 38: Enter amount from line 37	15325
Line 40: Itemized deductions or standard deduction	5000
Line 41: Subtract line 40 from line 38	10325
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43: Taxable income	7125
Line 44: Tax	713
Line 46: Add lines 44 and 45	713
Line 57: Subtract line 56 from line 46	713
Line 59: Social security and Medicare tax on tip income	38
Line 63: Total tax	751
Line 64: Federal income tax withheld	422
Line 66a: Earned income credit	2406
Line 71: Total payments	2828
Line 72: Overpaid	2077
Line 73a: Amount refunded	2077
Line 73b: Routing number	053111674
Line 73c: Account type	CHECKING
Line 73d: Account number	123-444-5678
Third party designee:	NO
Taxpayer's occupation:	MUSICIAN
Daytime phone number:	205-555-1020

TEST #11 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	63-1234561
Box c:	Employer's name, address, and zip code	SOUTH SEA CONCERTS CONCERT 1 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1690
Box 2:	Federal income tax withheld	192
Box 3:	Social security wages	1690
Box 4:	Social security tax withheld	105
Box 5:	Medicare wages and tips	1690
Box 6:	Medicare tax withheld	25

FORM W-2 #2:

Box b:	Employer identification number	63-1234562
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 2 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	775
Box 2:	Federal income tax withheld	50
Box 3:	Social security wages	775
Box 4:	Social security tax withheld	48
Box 5:	Medicare wages and tips	775
Box 6:	Medicare tax withheld	11
Box 8:	Allocated tips	500
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	775
Box 17:	State income tax	244

TEST #11 (CONTINUED) :

FORM W-2 #3:

Box b:	Employer identification number	63-1234563
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 3 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1440
Box 3:	Social security wages	1440
Box 4:	Social security tax withheld	89
Box 5:	Medicare wages and tips	1440
Box 6:	Medicare tax withheld	21
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	1440
Box 17:	State income tax	74

FORM W-2 #4:

Box b:	Employer identification number	63-1234564
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 4 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1970
Box 2:	Federal income tax withheld	20
Box 3:	Social security wages	1970
Box 4:	Social security tax withheld	122
Box 5:	Medicare wages and tips	1970
Box 6:	Medicare tax withheld	29
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	1970
Box 17:	State income tax	173

TEST #11 (CONTINUED) :

FORM W-2 #5:

Box b:	Employer identification number	63-1234565
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 5 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1585
Box 2:	Federal income tax withheld	40
Box 3:	Social security wages	1585
Box 4:	Social security tax withheld	98
Box 5:	Medicare wages and tips	1585
Box 6:	Medicare tax withheld	23
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	1585
Box 17:	State income tax	111

FORM W-2 #6:

Box b:	Employer identification number	63-1234566
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 6 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1700
Box 2:	Federal income tax withheld	30
Box 3:	Social security wages	1700
Box 4:	Social security tax withheld	105
Box 5:	Medicare wages and tips	1700
Box 6:	Medicare tax withheld	25
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	1700
Box 17:	State income tax	119

TEST #11 (CONTINUED) :

FORM W-2 #7:

Box b:	Employer identification number	63-1234567
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 7 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1400
Box 2:	Federal income tax withheld	20
Box 3:	Social security wages	1400
Box 4:	Social security tax withheld	87
Box 5:	Medicare wages and tips	1400
Box 6:	Medicare tax withheld	20
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	1400
Box 17:	State income tax	98

FORM W-2 #8:

Box b:	Employer identification number	63-1234568
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 8 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	300
Box 3:	Social security wages	300
Box 4:	Social security tax withheld	19
Box 5:	Medicare wages and tips	300
Box 6:	Medicare tax withheld	4
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	300
Box 17:	State income tax	21

TEST #11 (CONTINUED) :

FORM W-2 #9:

Box b:	Employer identification number	63-1234569
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 9 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	450
Box 3:	Social security wages	450
Box 4:	Social security tax withheld	28
Box 5:	Medicare wages and tips	450
Box 6:	Medicare tax withheld	7
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	450
Box 17:	State income tax	31

FORM W-2 #10:

Box b:	Employer identification number	63-1234560
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 10 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	475
Box 3:	Social security wages	475
Box 4:	Social security tax withheld	29
Box 5:	Medicare wages and tips	475
Box 6:	Medicare tax withheld	7
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	475
Box 17:	State income tax	33

TEST #11 (CONTINUED) :

FORM W-2 #11:

Box b:	Employer identification number	63-1234511
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 11 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	530
Box 2:	Federal income tax withheld	10
Box 3:	Social security wages	530
Box 4:	Social security tax withheld	33
Box 5:	Medicare wages and tips	530
Box 6:	Medicare tax withheld	8
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	530
Box 17:	State income tax	37

FORM W-2 #12:

Box b:	Employer identification number	63-1234512
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 12 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	1100
Box 2:	Federal income tax withheld	20
Box 3:	Social security wages	1100
Box 4:	Social security tax withheld	68
Box 5:	Medicare wages and tips	1100
Box 6:	Medicare tax withheld	16
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	1100
Box 17:	State income tax	77



TEST #11 (CONTINUED) :

FORM W-2 #13:

Box b:	Employer identification number	63-1234513
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 13 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	275
Box 3:	Social security wages	275
Box 4:	Social security tax withheld	17
Box 5:	Medicare wages and tips	275
Box 6:	Medicare tax withheld	4
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	275
Box 17:	State income tax	19

FORM W-2 #14:

Box b:	Employer identification number	63-1234514
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 14 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	980
Box 2:	Federal income tax withheld	20
Box 3:	Social security wages	980
Box 4:	Social security tax withheld	61
Box 5:	Medicare wages and tips	980
Box 6:	Medicare tax withheld	14
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	980
Box 17:	State income tax	69

TEST #11 (CONTINUED) :

FORM W-2 #15:

Box b:	Employer identification number	63-1234515
Box c:	Employer's name, address, and zip code	MUSIC ROW CONCERTS CONCERT 15 123 JAMES STREET QUINTON AL 35130
Box d:	Employee's social security number	400-00-1011
Box e:	Employee's first name, initial, and last name	TEST T HUNTER
Box f:	Employee's address and zip code	1234 LUKE THOMAS BLVD QUINTON AL 35130
Box 1:	Wages, tips, other compensation	780
Box 2:	Federal income tax withheld	20
Box 3:	Social security wages	780
Box 4:	Social security tax withheld	48
Box 5:	Medicare wages and tips	780
Box 6:	Medicare tax withheld	11
Box 15:	State	AL
	Employer's state ID number	63123
Box 16:	State wages, tips, etc	780
Box 17:	State income tax	55

## Test #12

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

## Form 1040:

	COMBAT ZONE	
Taxpayer's first name, initial, last name	TEST Z CANASTA	
Taxpayer's social security number	400-00-1012	
Home address (number and street)	% ROYAL FLUSH	
	12 QUEEN OF HEARTS BLVD	
City, state, and zip	BLACKJACK MS 39759	
Filing status	HEAD OF HOUSEHOLD	
Line 6a: Yourself (exemption)	X	
Number of boxes checked on 6a and 6b	1	
Line 6c: Dependent #1:		
Name	SAMUEL CANASTA	
Social security number	400-55-3012	
Relationship	SON	
Qualifying child	X	
Dependent #2:		
Name	MARY CANASTA	
Social security number	400-55-4012	
Relationship	DAUGHTER	
Qualifying child	X	
Number of children who lived with you	2	
Line 6d: Total number of exemptions claimed	3	
Line 7: Wages, salaries, and tips	10000	
Line 19: Unemployment compensation	6000	
Line 22: Total income	16000	
Line 31a: Alimony paid	3200	
Line 31b: Recipient's SSN	STATEMENT #1	
	400-55-5012	1200
	400-55-6012	2000
Line 36: Add lines 23 through 31a and 32 through 35	3200	
Line 37: Adjusted gross income	12800	
Line 38: Enter amount from line 37	12800	
Line 40: Itemized deductions or standard deduction	7300	
Line 41: Subtract line 40 from line 38	5500	
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	9600	
Line 43: Taxable income	0	
Line 44: Tax	0	
Line 46: Add lines 44 and 45	0	
Line 57: Subtract line 56 from line 46	0	
Line 61: Advance earned income credit payments	500	
Line 63: Total tax	1715	
Literal	ADT 1215	
Line 64: Federal income tax withheld	1000	
Line 66a: Earned income credit	4367	
Line 66b: Nontaxable combat pay election	4525	
Line 68: Additional child tax credit	529	
Line 71: Total payments	5896	
Line 72: Overpaid	4181	

TEST #12 (CONTINUED) :

Line 73a:	Amount refunded	3681
Line 73b:	Routing number	012344589
Line 73c:	Account type	CHECKING
Line 73d:	Account number	LOANXXXX400001012
Line 74:	Applied to estimated tax	500

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122
Taxpayer's occupation:	DEALER
Daytime phone number:	888-555-2222

FORM W-2 #1:

Box b:	Employer identification number	64-1234567
Box c:	Employer's name, address, and zip code	UCAN WINABUNDLE RIVERBOAT 21 JOKERS FERRY BLACKJACK MS 39759
Box d:	Employee's social security number	400-00-1012
Box e:	Employee's first name, initial, and last name	TEST Z CANASTA
Box f:	Employee's address and zip code	12 QUEEN OF HEARTS BLVD BLACKJACK MS 39759
Box 1:	Wages, tips, other compensation	10000
Box 2:	Federal income tax withheld	1000
Box 3:	Social security wages	10000
Box 4:	Social security tax withheld	620
Box 5:	Medicare wages and tips	10000
Box 6:	Medicare tax withheld	145
Box 9:	Advance EIC Payment	500

FORM W-2 #2:

Box b:	Employer identification number	01-1234567
Box c:	Employer's name, address, and zip code	US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044
Box d:	Employee's social security number	400-00-1012
Box e:	Employee's first name, initial, and last name	TEST Z CANASTA
Box f:	Employee's address and zip code	12 QUEEN OF HEARTS BLVD BLACKJACK MS 39759
Box 1:	Wages, tips, other compensation	0
Box 2:	Federal income tax withheld	0
Box 3:	Social security wages	4525
Box 4:	Social security tax withheld	281
Box 5:	Medicare wages and tips	4525
Box 6:	Medicare tax withheld	66
Box 12a:		Q 4525

## Test #13

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

## Form 1040A:

Taxpayer's first name, initial, last name	TEST U GRASS
Taxpayer's social security number	400-00-1013
Spouse's first name, initial, last name	MAY B GRASS
Spouse's social security number	400-00-2013
Home address (number and street)	74131 FESCUE DR
City, state, and zip	SAINT THOMAS VI 00802
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	TIMOTHY GRASS
Social security number	400-55-3013
Relationship	SON
Qualifying child	X
Dependent #2:	
Name	MARY GRASS
Social security number	400-55-4013
Relationship	DAUGHTER
Qualifying child	X
Dependent #3:	
Name	DAVID GRASS
Social security number	400-55-5013
Relationship	SON
Qualifying child	X
Dependent #4:	
Name	SUSAN GRASS
Social security number	400-55-6013
Relationship	DAUGHTER
Qualifying child	X
Dependent #5:	
Name	PHILIP GRASS
Social security number	400-55-7013
Relationship	SON
Qualifying child	X
Dependent #6:	
Name	ANGELA GRASS
Social security number	400-55-8013
Relationship	DAUGHTER
Qualifying child	X
Number of children who lived with you	6
Line 6d: Total number of exemptions claimed	8
Line 7: Wages, salaries, and tips	42000
Line 13: Unemployment compensation	1650
Line 15: Total income	43650
Line 17: IRA deduction	1200
Line 20: Total adjustments	1200
Line 21: Adjusted gross income	42450
Line 22: Enter amount from line 21	42450

TEST #13 (CONTINUED) :

Line 23a:	You are blind	X
	Total boxes checked	1
Line 24:	Standard deduction	11000
Line 25:	Subtract line 24 from line 22	31450
Line 26:	Multiply \$3200 by the total number of exemptions claimed on line 6d	25600
Line 27:	Taxable income	5850
Line 28:	Tax	588
Line 29:	Credit for child and dependent care expenses	470
Line 31:	Education credits	118
Line 35:	Total credits	588
Line 36:	Subtract line 35 from line 28	0
Line 38:	Total tax	0
Line 39:	Federal income tax withheld	1450
Line 42:	Additional child tax credit	4650
Line 43:	Total payments	6100
Line 44:	Overpaid	6100
Line 45a:	Amount refunded	6100
Line 45b:	Routing number	253174576
Line 45c:	Account type	SAVINGS
Line 45d:	Account number	06542153
Third party designee:		YES
Designee's name		JOHN DOE
Designee's phone number		888-555-1111
Designee's personal identification number (PIN)		11112
Taxpayer's occupation:		CONSULTANT
Spouse's occupation:		SALESPERSON

TEST #13 (CONTINUED) :

FORM W-1 #1:

Box b:	Employer identification number	02-9876543
Box c:	Employer's name, address, and zip code	LAST JOB INC 97 WHEATLEY AVE SAINT THOMAS VI 00802
Box d:	Employee's social security number	400-00-1013
Box e:	Employee's first name, initial, and last name	TEST U GRASS
Box f:	Employee's address and zip code	74131 FESCUE DR SAINT THOMAS VI 00802
Box 1:	Wages, tips, other compensation	24500
Box 2:	Federal income tax withheld	900
Box 3:	Social security wages	24500
Box 4:	Social security tax withheld	1519
Box 5:	Medicare wages and tips	24500
Box 6:	Medicare tax withheld	355
Box 10:	Dependent care benefit	1000
Box 15:	State	VI
	Employer's state ID number	02888
Box 16:	State wages, tips, etc	24500
Box 17:	State income tax	1715

FORM W-2 #2:

Box b:	Employer identification number	02-5689124
Box c:	Employer's name, address, and zip code	SNODGRASS FEED AND SEED 1 PLANTATION ST SAINT THOMAS VI 00802
Box d:	Employee's social security number	400-00-2013
Box e:	Employee's first name, initial, and last name	MAY B GRASS
Box f:	Employee's address and zip code	74131 FESCUE DR SAINT THOMAS VI 00802
Box 1:	Wages, tips, other compensation	17500
Box 2:	Federal income tax withheld	550
Box 3:	Social security wages	17500
Box 4:	Social security tax withheld	1085
Box 5:	Medicare wages and tips	17500
Box 6:	Medicare tax withheld	254
Box 15:	State	VI
	Employer's state ID number	023456
Box 16:	State wages, tips, etc	17500
Box 18:	Local wages, tips, etc.	2000
Box 19:	Local income tax	10
Box 20:	Locality name	BC

## Test #14

FORMS INCLUDED: FORM 1040

## Form 1040:

Taxpayer's first name, initial, last name	TEST D RICHARD
Taxpayer's social security number	400-00-1014
Home address (number and street)	94022 PATRICIA CT
City, state, and zip	HAPPY JACK AZ 86024
Filing status	SINGLE

	Number of boxes checked on 6a and 6b	0
Line 6d:	Total number of exemptions claimed	0
Line 8a:	Taxable interest	1514
Line 9a:	Ordinary dividends	582
Line 13:	Capital gain or (loss)	-800
Line 17:	Rental real estate, royalties, partnerships	5200
Line 22:	Total income	6496
Line 37:	Adjusted gross income	6496
Line 38:	Enter amount from line 37	6496
Line 40:	Itemized deductions or standard deduction	800
Line 41:	Subtract line 40 from line 38	5696
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	0
Line 43:	Taxable income	5696
Line 44:	Tax	813
Line 46:	Add lines 44 and 45	813
Line 57:	Subtract line 56 from line 46	813
Line 63:	Total tax	813
Line 65:	Estimated tax payments and overpayment applied	600
Line 69:	Amount paid with extension	109
Line 71:	Total payments	709
Line 75:	Amount you owe:	104

Third party designee:	YES
Designee's name	PREPARER

Taxpayer's occupation:	STUDENT
------------------------	---------

## Paid Preparer Information:

Self-employed:	X
Preparer's SSN	400-55-4014
Firm Name	ROBERTS ENTERPRISES
EIN	88-6868686
Firm Address	645 SALEM ST NIXON NV 89424
Phone Number	775-555-1313



## Test #15

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

## Form 1040A:

Taxpayer's first name, initial, last name	TEST J CAESAR
Taxpayer's social security number	400-00-1015
Spouse's first name, initial, last name	CLEO P CAESAR
Spouse's social security number	400-00-2015
Home address (number and street)	15 IDES OF MARCH PKWY
City, state, and zip	ROME MS 38768
Taxpayer's Presidential Election Campaign Fund	YES
Spouse's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	SALLY CAESAR
Social security number	400-55-3015
Relationship	DAUGHTER
Qualifying child	X
Dependent #2:	
Name	JULIUS BRUTUS
Social security number	900-93-4015
Relationship	SON
Qualifying child	X
Number of children who lived with you	2
Line 6d: Total number of exemptions claimed	4
Line 7: Wages, salaries, and tips	62000
Line 8a: Taxable interest	390
Line 15: Total income	62390
Line 18: Student loan interest deduction	135
Line 20: Total adjustments	135
Line 21: Adjusted gross income	62255
Line 22: Enter amount from line 21	62255
Line 24: Standard deduction	10000
Line 25: Subtract line 24 from line 22	52255
Line 26: Multiply \$3200 by the total number of exemptions claimed on line 6d	12800
Line 27: Taxable income	39455
Line 28: Tax	5191
Line 31: Education credits	300
Line 34: Adoption credit	4891
Line 35: Total credits	5191
Line 36: Subtract line 35 from line 28	0
Line 38: Total tax	0
Line 39: Federal income tax withheld	2500
Line 42: Additional child tax credit	2000
Line 43: Total payments	4500
Line 44: Overpaid	4500
Line 45a: Amount refunded	4500
Line 45b: Routing number	XXXXXXXXXX
Line 45d: Account number	XXXXXXXXXXXXXXXXXXXX

TEST #15 (CONTINUED) :

Third party designee:	NO
Taxpayer's occupation:	ACTOR
Spouse's occupation:	UNEMPLOYED
Daytime phone number:	601-555-5430

FORM W-2 #1:

Box b:	Employer identification number	64-2131415
Box c:	Employer's name, address, and zip code	THE GREEK PLAYHOUSE 98 PARTHANON PLACE ROME MS 38768
Box d:	Employee's social security number	400-00-1015
Box e:	Employee's first name, initial, and last name	TEST J CAESAR
Box f:	Employee's address and zip code	15 IDES OF MARCH PKWY ROME MS 38768
Box 1:	Wages, tips, other compensation	62000
Box 2:	Federal income tax withheld	2500
Box 3:	Social security wages	63000
Box 4:	Social security tax withheld	3906
Box 5:	Medicare wages and tips	63000
Box 6:	Medicare tax withheld	914
Box 12a:		T 1000
Box 15:	State	MS
	Employer's state ID number	641213
Box 16:	State wages, tips, etc	62000
Box 17:	State income tax	4340

Test #16

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

Form 1040:

Taxpayer's first name, initial, last name	TEST T ISLANDER
Taxpayer's social security number	400-00-1016
Home address (number and street)	123 PLAY HERE ST
City, state, and zip	WASHINGTON DC 20011
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Head of household qualifying person's name	MICHAEL ISLANDER
Qualifying person's social security number	400-55-3016

Line 6a:	Yourself (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6d:	Total number of exemptions claimed	1
Line 12:	Business income or (loss)	15075
Line 16b:	Taxable amount of pensions and annuities	3000
Line 17:	Rental real estate, royalties, partnerships	24400
Line 21:	Other income	5000
	Literal	BLACKJACK 5000
Line 22:	Total income	47475
Line 37:	Adjusted gross income	47475
Line 38:	Enter amount from line 37	47475
Line 40:	Itemized deductions or standard deduction	7300
Line 41:	Subtract line 40 from line 38	40175
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43:	Taxable income	36975
Line 44:	Tax	5024
Line 46:	Add lines 44 and 45	5024
Line 52:	Child tax credit	1000
Line 54:	Credits from	4000
Line 54b:	Form 8859	X
Line 55:	Other credits	24
Line 55c:	Specify:	X
	Literal:	8860
Line 56:	Total credits	5024
Line 57:	Subtract line 56 from line 46	0
Line 60:	Additional tax on IRA's, other qualified plans	150
Line 63:	Total tax	150
Line 64:	Federal income tax withheld	500
Line 65:	Estimated tax payments and overpayment applied	3000
Line 71:	Total payments	3500
Line 72:	Overpaid	3350
Line 73a:	Amount refunded	3350
Line 73b:	Routing number	024567891
Line 73c:	Account type	SAVINGS
Line 73d:	Account number	ABC-123-4567890

Third party designee: NO

Taxpayer's occupation: INSURANCE BROKER

TEST #16 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	58-2346821
Box c:	Employer's name, address, and zip code	OUT OF STATE INSURANCE SERVICES 7000 SIX FLAGS DR ATLANTA GA 30301
Box d:	Employee's social security number	400-00-1016
Box e:	Employee's first name, initial, and last name	TEST T ISLANDER
Box f:	Employee's address and zip code	123 PLAY HERE ST WASHINGTON DC 20011
Box 1:	Wages, tips, other compensation	28900
Box 2:	Federal income tax withheld	0
Box 3:	Social security wages	28900
Box 4:	Social security tax withheld	1792
Box 5:	Medicare wages and tips	28900
Box 6:	Medicare tax withheld	419
Box 13:	Statutory employee	X
Box 15:	State	DC
	Employer's state ID number	5822768
Box 16:	State wages, tips, etc	28900
Box 17:	State income tax	2023

FORM W-2G #1:

	Payer's Name:	GULF CRUISE LINES
	Payer's street address	DOCK 106 HARBOR ROW
	Payer's city, state, and zip code	DESTIN FL 32540
	Federal identification number	65-7294862
Box 1:	Gross Winnings	5000
Box 2:	Federal income tax withheld	500
Box 3:	Type of wager	BLACKJACK
Box 4:	Date won	2/14/2005
Box 9:	Winner's taxpayer ID no	400-00-1016
	Winner's Name:	TEST T ISLANDER
	Winner's street address	123 PLAY HERE ST
	Winner's city, state, and zip code	WASHINGTON DC 20011
Box 13:	State/Payer's state ID no	DC 5822768

FORM 1099-R #1:

	Payer's name, street address, city, state, and zip	VACATION INSURANCE SERVICES 93 BAY ST DESTIN FL 32540
	Payer's federal identification number	65-9687321
	Recipient's identification number	400-00-1016
	Recipient's name	TEST T ISLANDER
	Recipient's street address	123 PLAY HERE ST
	Recipient's city, state, and zip	WASHINGTON DC 20011
Box 1:	Gross Distribution	3000
Box 2a:	Taxable amount	3000
Box 2b:	Total distribution	X
Box 7:	Distribution code	2

Test #17

FORMS INCLUDED: FORM 1040, FORM W-2(1)

Form 1040:

Taxpayer's first name, initial, last name	TEST M EDGEWOOD
Taxpayer's social security number	400-00-1017
Spouse's first name, initial, last name	ROSEANNE G EDGEWOOD
Spouse's social security number	400-00-2017
Home address (number and street)	86 OUTSIDE CIR
City, state, and zip	PERIMETERSCENTERSVILLE GA 30555-0086
Spouse's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	62000
Line 8a: Taxable interest	15610
Line 9a: Ordinary dividends	429
Line 21: Other income	-61920
Literal	MSA 80
Literal	FORM 2555-EZ -62000
Line 22: Total income	16119
Line 25: Health savings account deduction	1475
Line 36: Add lines 23 through 31a and 32 through 35	4100
Literal	MSA 2625
Line 37: Adjusted gross income	12019
Line 38: Enter amount from line 37	12019
Line 40: Itemized deductions or standard deduction	10000
Line 41: Subtract line 40 from line 38	2019
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	0
Line 44: Tax	0
Line 57: Subtract line 56 from line 46	0
Line 60: Additional tax on IRA's, other qualified plans	54
Line 63: Total tax	66
Literal	MSA 12
Line 65: Estimated tax payments and overpayment applied	50
Line 71: Total payments	50
Line 75: Amount you owe:	16
Third party designee:	NO
Taxpayer's occupation:	CHEMIST
Spouse's occupation:	HOMEMAKER

TEST #17 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	13-4243335
Box c:	Employer's name, address, and zip code	WEEDS AND SEEDS INC 88 DANDELION DR PASTURELAND NY 14818
Box d:	Employee's social security number	400-00-1017
Box e:	Employee's first name, initial, and last name	TEST M EDGEWOOD
Box f:	Employee's address and zip code	86 OUTSIDE CIR PERIMETERSCENTERSVILLE GA 30555-0086
Box 1:	Wages, tips, other compensation	62000
Box 3:	Social security wages	62000
Box 4:	Social security tax withheld	3844
Box 5:	Medicare wages and tips	62000
Box 6:	Medicare tax withheld	899
Box 15:	State	GA
	Employer's state ID number	58325424
Box 16:	State wages, tips, etc	62000
Box 17:	State income tax	1245

## Test #18

FORMS INCLUDED: FORM 1040

## Form 1040:

Taxpayer's first name, initial, last name	TEST T THOMAS
Taxpayer's social security number	400-00-1018
Spouse's first name, initial, last name	
Spouse's social security number	400-00-2018
Home address (number and street)	511 JONATHAN CAROL BLVD
City, state, and zip	JEWELL OH 43530
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING SEPARATELY
Spouse's name	CLARA THOMAS
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 12: Business income or (loss)	979
Line 17: Rental real estate, royalties, partnerships	20820
Line 22: Total income	21799
Line 27: One-half of self-employment tax	378
Line 36: Add lines 23 through 31a and 32 through 35	378
Line 37: Adjusted gross income	21421
Line 38: Enter amount from line 37	21421
Line 39b If MFS and spouses itemizes deductions	X
Line 40: Itemized deductions or standard deduction	2360
Line 41: Subtract line 40 from line 38	19061
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43: Taxable income	15861
Line 44: Tax	2016
Line 46: Add lines 44 and 45	2016
Line 57: Subtract line 56 from line 46	2016
Line 58: Self-employment tax	755
Line 63: Total tax	2771
Line 65: Estimated tax payments and overpayment applied	1500
Line 69: Amount paid with extension	300
Line 71: Total payments	1800
Line 75: Amount you owe:	971
Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122
Taxpayer's occupation:	ENTREPRENEUR

## Test #19

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (3), FORM 2439 (1)

## Form 1040:

Taxpayer's first name, initial, last name	TEST A HOAGIE
Taxpayer's social security number	400-00-1019
Spouse's first name, initial, last name	TUNA S HOAGIE
Spouse's social security number	400-00-2019
Home address (number and street)	123 FRONT ST
City, state, and zip	PUNTA GORDA BELIZE .
Taxpayer's Presidential Election Campaign Fund	YES
Spouse's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	5000
Line 12: Business income or (loss)	15000
Line 13: Capital gain or (loss)	2852
Line 15a: IRA Distributions	11500
Line 15b: Taxable amount of IRA distributions	10000
Line 16a: Pensions and annuities	46000
Line 16b: Taxable amount of pensions and annuities	44000
Line 21: Other income	-17627
Literal	STATEMENT #1
	FORM 2555 -12627
	FORM 2555 -5000
Line 22: Total income	59225
Line 27: One-half of self-employment tax	1060
Line 29: Self-employed health insurance deduction	1313
Line 36: Add lines 23 through 31a and 32 through 35	2373
Line 37: Adjusted gross income	56852
Line 38: Enter amount from line 37	56852
Line 39a: You were born before January 2, 1941	X
Total boxes checked	1
Line 40: Itemized deductions or standard deduction	11000
Line 41: Subtract line 40 from line 38	45852
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	39452
Line 44: Tax	9987
Line 44b: Form 4972	X
Line 46: Add lines 44 and 45	9987
Line 57: Subtract line 56 from line 46	9987
Line 58: Self-employment tax	2120
Line 63: Total tax	12107
Line 64: Federal income tax withheld	13000
Literal	FORM 1099
Line 70: Other payments from	100
Line 70a: Form 2439	X
Line 71: Total payments	13100
Line 72: Overpaid	993
Line 73a: Amount refunded	993
Line 73b: Routing number	XXXXXXXXXX
Line 73d: Account number	XXXXXXXXXXXXXXXXXXXX



TEST #19 (CONTINUED) :

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122
Taxpayer's occupation:	SPORT FISHING GUIDE
Spouse's occupation:	WAITRESS

FORM W-2 #1:

Box b:	Employer identification number	99-1234567
Box c:	Employer's name, address, and zip code	RON'S RIB RACK ON THE RIVER 15 RIVERFRONT RD PUNTA GORDA BELIZE .
Box d:	Employee's social security number	400-00-2019
Box e:	Employee's first name, initial, and last name	TUNA S HOAGIE
Box f:	Employee's address and zip code	123 FRONT ST PUNTA GORDA BELIZE .
Box 1:	Wages, tips, other compensation	5000
Box 3:	Social security wages	5000
Box 4:	Social security tax withheld	310
Box 5:	Medicare wages and tips	5000
Box 6:	Medicare tax withheld	73

FORM 1099-R #1:

Payer's name, street address, city, state, and zip	PROVOLONE CREDIT UNION 106 PROVOLONE CENTER SANDWICH MA 02563	
Payer's federal identification number	04-2131324	
Recipient's identification number	400-00-1019	
Recipient's name	TEST A HOAGIE	
Recipient's street address	123 FRONT ST	
Recipient's city, state, and zip	PUNTA GORDA BELIZE .	
Box 1:	Gross Distribution	11500
Box 2a:	Taxable amount	10000
Box 4:	Federal income tax withheld	2000
Box 7:	Distribution code	7
	IRA/SEP/SIMPLE	X
Box 11:	State/payer's state number	MA

TEST #19 (CONTINUED):

FORM 1099-R #2:

Payer's name, street address, city, state, and zip	PUMPERNICKLE RYE AND HOAGIE 87 SUBWAY CENTER SANDWICH MA 02563
Payer's federal identification number	04-9876542
Recipient's identification number	400-00-2019
Recipient's name	TUNA S HOAGIE
Recipient's street address	123 FRONT ST
Recipient's city, state, and zip	PUNTA GORDA BELIZE .
Box 1: Gross Distribution	46000
Box 2a: Taxable amount	44000
Box 3: Capital gain (included in box 2a)	8000
Box 4: Federal income tax withheld	8800
Box 7: Distribution code	7
Box 11: State/payer's state number	MA

FORM 1099-R #3:

Payer's name, street address, city, state, and zip	ASSOCIATED RETIREMENT 1402 RESTFUL WAY ATLANTA GA 30301
Payer's federal identification number	04-1466321
Recipient's identification number	400-00-1019
Recipient's name	TEST A HOAGIE
Recipient's street address	123 FRONT ST
Recipient's city, state, and zip	PUNTA GORDA BELIZE .
Box 1: Gross Distribution	43800
Box 2a: Taxable amount	43800
Box 3: Capital gain (included in box 2a)	8000
Box 4: Federal income tax withheld	2200
Box 7: Distribution code	7A
Box 11: State/payer's state number	MA

FORM 2439 #1:

Name, address, and zip code of RIC or REIT	ACME INVESTMENT CORP 2041 INVEST STREET AUSTIN TX 78774
Identification number of RIC or REIT	111111111
Shareholder's identifying number	400-00-1019
Shareholder's name, address, and zip code	TEST A HOAGIE 123 FRONT ST PUNTA GORDA BELIZE .
Box 1a: Total undistributed long-term capital gains	2000
Box 2: Tax paid by the RIC or REIT on the Box 1a gains	100

## Test #20

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

## Form 1040:

Taxpayer's first name, initial, last name	TEST R DE LA HALO
Taxpayer's social security number	400-00-1020
Spouse's first name, initial, last name	RUBY D MONDAY
Spouse's social security number	400-00-2020
Home address (number and street)	7 HEAVENS LN
City, state, and zip	BETHLEHEM KY 40007
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Literal	STATEMENT #1
Dependent #1:	
Name	ANGELA DE LA HALO
Social security number	400-55-3020
Relationship	DAUGHTER
Qualifying child	X
Dependent #2:	
Name	GABRIEL DE LA HALO
Social security number	400-55-4020
Relationship	SON
Qualifying child	X
Dependent #3:	
Name	MICHAEL MONDAY
Social security number	400-55-5020
Relationship	SON
Qualifying child	X
Dependent #4:	
Name	LUCKY MONDAY
Social security number	400-55-6020
Relationship	DAUGHTER
Qualifying child	X
Dependent #5:	
Name	ARCHIBALD DE LA HALO
Social security number	900-93-7020
Relationship	SON
Qualifying child	X
Dependent #6:	
Name	DAVID SAINT
Social security number	400-55-8020
Relationship	PARENT
Dependent #6:	
Name	MARY SAINT
Social security number	400-55-9020
Relationship	PARENT
Number of children who lived with you	5
Dependents not included above	2
Line 6d: Total number of exemptions claimed	9

TEST #20 (CONTINUED) :

Line 7:	Wages, salaries, and tips	80900
Line 12:	Business income or (loss)	12161
Line 17:	Rental real estate, royalties, partnerships	1200
Line 19:	Unemployment compensation	2670
Line 22:	Total income	96931
Line 26:	Moving expenses	263
Line 27:	One-half of self-employment tax	808
Line 36:	Add lines 23 through 31a and 32 through 35	1071
Line 37:	Adjusted gross income	95860
Line 38:	Enter amount from line 37	95860
Line 40:	Itemized deductions or standard deduction	11491
Line 41:	Subtract line 40 from line 38	84369
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	28800
Line 43:	Taxable income	55569
Line 44:	Tax	7606
Line 45:	Alternative minimum tax	333
Line 46:	Add lines 44 and 45	7939
Line 52:	Child tax credit	2939
Line 53:	Adoption credit	5000
Line 56:	Total credits	7939
Line 57:	Subtract line 56 from line 46	0
Line 58:	Self-employment tax	1615
Line 63:	Total tax	1615
Line 64:	Federal income tax withheld	10878
Line 65:	Estimated tax payments and overpayment applied	500
Line 67:	Excess social security and tier 1 RRTA tax	68
Line 68:	Additional child tax credit	2061
Line 71:	Total payments	13507
Line 72:	Overpaid	11892
Line 73a:	Amount refunded	11892
Line 73b:	Routing number	XXXXXXXXXX
Line 73d:	Account number	XXXXXXXXXXXXXXXXXXXX

Third party designee: NO

Taxpayer's occupation: TREE TRIMMER

Spouse's occupation: ANIMAL TRAINER

TEST #20 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	61-6270532
Box c:	Employer's name, address, and zip code	ANIMAL STAR CIRCUS RR 72 BOX 187 BETHLEHEM KY 40007
Box d:	Employee's social security number	400-00-2020
Box e:	Employee's first name, initial, and last name	RUBY D MONDAY
Box f:	Employee's address and zip code	7 HEAVENS LN BETHLEHEM KY 40007
Box 1:	Wages, tips, other compensation	77700
Box 2:	Federal income tax withheld	10800
Box 3:	Social security wages	87900
Box 4:	Social security tax withheld	5450
Box 5:	Medicare wages and tips	87900
Box 6:	Medicare tax withheld	1275
Box 12a:		P 1000
Box 12b:		D 10200
Box 13:	Retirement plan	X
Box 15:	State	KY
	Employer's state ID number	617283
Box 16:	State wages, tips, etc	77700
Box 17:	State income tax	1250

FORM W-2 #2:

Box b:	Employer identification number	61-2987342
Box c:	Employer's name, address, and zip code	FICA CIRCUS 123 BLUEBIRD CIRCLE BETHLEHEM KY 40007
Box d:	Employee's social security number	400-00-2020
Box e:	Employee's first name, initial, and last name	RUBY D MONDAY
Box f:	Employee's address and zip code	7 HEAVENS LN BETHLEHEM KY 40007
Box 1:	Wages, tips, other compensation	3200
Box 2:	Federal income tax withheld	78
Box 3:	Social security wages	3200
Box 4:	Social security tax withheld	198
Box 5:	Medicare wages and tips	3200
Box 6:	Medicare tax withheld	46
Box 12a:		L 100
Box 15:	State	KY
	Employer's state ID number	619823
Box 16:	State wages, tips, etc	3200
Box 17:	State income tax	23

## Test #21

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

## Form 1040:

Taxpayer's first name, initial, last name	TEST L CHARITY
Taxpayer's social security number	400-00-1021
Spouse's first name, initial, last name	MARY B CHARITY
Spouse's social security number	400-00-2021
Home address (number and street)	923 HOPE ST
City, state, and zip	FAITH NC 28041-0923
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	JEFFREY CHARITY
Social security number	400-55-3021
Relationship	SON
Qualifying child	X
Dependent #2:	
Name	SAMUEL CHARITY
Social security number	400-55-4021
Relationship	SON
Qualifying child	X
Dependent #3:	
Name	SANDRA CHARITY
Social security number	400-55-5021
Relationship	DAUGHTER
Qualifying child	X
Number of children who lived with you	3
Line 6d: Total number of exemptions claimed	5
Line 7: Wages, salaries, and tips	62840
Line 13: Capital gain or (loss)	57
Line 17: Rental real estate, royalties, partnerships	16456
Line 21: Other income	1658
Literal	FORM 8814
Line 22: Total income	81011
Line 31a: Alimony paid	1200
Line 31b: Recipient's SSN	400-66-2021
Line 32: IRA deduction	1260
Line 36: Add lines 23 through 31a and 32 through 35	4360
Literal	STATEMENT #1
	SUB-PAY TRA 400
	CLEAN FUEL 1500
Line 37: Adjusted gross income	76651
Line 38: Enter amount from line 37	76651
Line 40: Itemized deductions or standard deduction	10727
Line 41: Subtract line 40 from line 38	65924
Line 42: Multiply \$3200 by the total number of	
exemptions claimed on line 6d	16000
Line 43: Taxable income	49924
Line 44: Tax	6927
Line 44a: Form(s) 8814	X
Line 46: Add lines 44 and 45	6927

TEST #21 (CONTINUED) :

Line 52:	Child tax credit	3000
Line 56:	Total credits	3000
Line 57:	Subtract line 56 from line 46	3927
Line 63:	Total tax	3927
Line 64:	Federal income tax withheld	1560
Line 65:	Estimated tax payments and overpayment applied	2000
Line 71:	Total payments	3560
Line 75:	Amount you owe:	367
Line 75:	Estimated tax penalty	
Third party designee:		NO
Taxpayer's occupation:		CONSTRUCTION FOREMAN
Spouse's occupation:		REAL ESTATE PROFESSIONAL
Daytime phone number:		
Return prepared by: Taxpayer		

FORM W-2 #1:

Box b:	Employer identification number	56-1241111
Box c:	Employer's name, address, and zip code	WORKINGHARD INDUSTRIES 280 LABOR ST FAITH NC 28041-0280
Box d:	Employee's social security number	400-00-1021
Box e:	Employee's first name, initial, and last name	TEST L CHARITY
Box f:	Employee's address and zip code	923 HOPE ST FAITH NC 28041-0923
Box 1:	Wages, tips, other compensation	37000
Box 2:	Federal income tax withheld	680
Box 3:	Social security wages	37000
Box 4:	Social security tax withheld	2294
Box 5:	Medicare wages and tips	37000
Box 6:	Medicare tax withheld	537
Box 12a:		L 350
Box 13:	Retirement plan	X
Box 15:	State	NC
	Employer's state ID number	562211
Box 16:	State wages, tips, etc	7000
Box 17:	State income tax	175
Box 15:	State	GA
	Employer's state ID number	586671
Box 16:	State wages, tips, etc	10000
Box 17:	State income tax	248
Box 15:	State	VA
	Employer's state ID number	548745
Box 16:	State wages, tips, etc	5000
Box 17:	State income tax	124
Box 15:	State	AL
	Employer's state ID number	635698
Box 16:	State wages, tips, etc	15000
Box 17:	State income tax	373

TEST #21 (CONTINUED) :

FORM W-2 #2:

Box b:	Employer identification number	56-3046224
Box c:	Employer's name, address, and zip code	GOLD BLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041
Box d:	Employee's social security number	400-00-2021
Box e:	Employee's first name, initial, and last name	MARY B CHARITY
Box f:	Employee's address and zip code	923 HOPE ST FAITH NC 28041-0923
Box 1:	Wages, tips, other compensation	25840
Box 2:	Federal income tax withheld	880
Box 3:	Social security wages	25840
Box 4:	Social security tax withheld	982
Box 5:	Medicare wages and tips	25840
Box 6:	Medicare tax withheld	375
Box 12a:		L 575
Box 13:	Retirement plan	X
Box 15:	State	NC
	Employer's state ID number	563754
Box 16:	State wages, tips, etc	25840
Box 17:	State income tax	275



## Test #22

FORMS INCLUDED: FORM 1040

## Form 1040:

Taxpayer's first name, initial, last name	TEST L TONTO SR
Taxpayer's social security number	400-00-1022
Spouse's first name, initial, last name	SILVER N TONTO
Spouse's social security number	400-00-2022
Home address (number and street)	21 LONE RANGER CIR
City, state, and zip	SMOKE SIGNAL AZ 86503
Filing status	MARRIED FILING JOINTLY

Line 6a:	Yourself (exemption)	X
Line 6b:	Spouse (exemption)	X
	Number of boxes checked on 6a and 6b	2
Line 6d:	Total number of exemptions claimed	2
Line 12:	Business income or (loss)	39126
Line 14:	Other gains or (losses)	-2040
Line 22:	Total income	37086
Line 27:	One-half of self-employment tax	2764
Line 28:	Self-employed SEP, SIMPLE, and qualified plans	750
Line 36:	Add lines 23 through 31a and 32 through 35	3514
Line 37:	Adjusted gross income	33572
Line 38:	Enter amount from line 37	33572
Line 39a:	Spouse is blind	X
	Total boxes checked	1
Line 40:	Itemized deductions or standard deduction	11000
Line 41:	Subtract line 40 from line 38	22572
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43:	Taxable income	16172
Line 44:	Tax	1696
Line 46:	Add lines 44 and 45	1696
Line 57:	Subtract line 56 from line 46	1696
Line 58:	Self-employment tax	5528
Line 62:	Household employment taxes	306
Line 63:	Total tax	7530
Line 65:	Estimated tax payments and overpayment applied	7300
Line 71:	Total payments	7300
Line 75:	Amount you owe:	230

Third party designee:	NO
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Taxpayer's occupation:	SELF-EMPLOYED
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Spouse's occupation:	SELF-EMPLOYED
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Return prepared by:	IRS
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## Test #23

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

## Form 1040:

Taxpayer's first name, initial, last name	TEST J CADEN
Taxpayer's social security number	400-00-1023
Home address (number and street)	USS ROBERT E LEE
City, state, and zip	FPO AP 96222
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	JASMINE CADEN
Social security number	400-55-3023
Relationship	DAUGHTER
Number of children who lived with you	1
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	26600
Line 8a: Taxable interest	1025
Line 8b: Tax-exempt interest	80
Line 9a: Ordinary dividends	120
Line 9b: Qualified dividends	120
Line 10: Taxable refunds, credit, or offsets of state tax	180
Line 11: Alimony received	12000
Line 12: Business income or (loss)	-1568
Line 13: Capital gain or (loss)	25
If Schedule D is not required	X
Line 17: Rental real estate, royalties, partnerships	554
Line 18: Farm income or (loss)	95
Line 22: Total income	39031
Line 26: Moving expenses	807
Line 30: Penalty on early withdrawal of savings	26
Line 33: Student loan interest deduction	422
Line 35: Domestic production activities deduction	9
Line 36: Add lines 23 through 31a and 32 through 35	1264
Line 37: Adjusted gross income	37767
Line 38: Enter amount from line 37	37767
Line 40: Itemized deductions or standard deduction	7300
Line 41: Subtract line 40 from line 38	30467
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	24067
Line 44: Tax	3073
Line 46: Add lines 44 and 45	3073
Line 50: Education credits	1500
Line 56: Total credits	1500
Line 57: Subtract line 56 from line 46	1573
Line 63: Total tax	1573
Line 64: Federal income tax withheld	1410
Line 71: Total payments	1410
Line 75: Amount you owe:	163

TEST #23 (CONTINUED) :

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122
Taxpayer's occupation:	SAILOR

FORM W-2 #1:

Box b:	Employer identification number	99-1236541
Box c:	Employer's name, address, and zip code	US NAVY 1100 MILITARY AVE WASHINGTON DC 20222-1643
Box d:	Employee's social security number	400-00-1023
Box e:	Employee's first name, initial, and last name	TEST J CADEN
Box f:	Employee's address and zip code	USS ROBERT E LEE FPO AP 96222
Box 1:	Wages, tips, other compensation	24800
Box 2:	Federal income tax withheld	1200
Box 3:	Social security wages	24800
Box 4:	Social security tax withheld	1538
Box 5:	Medicare wages and tips	24800
Box 6:	Medicare tax withheld	360
Box 12a:		P 2005 500
Box 15:	State	NC
	Employer's state ID number	56124022
Box 16:	State wages, tips, etc	24800
Box 17:	State income tax	1600

FORM W-2 #2:

Box b:	Employer identification number	56-1242342
Box c:	Employer's name, address, and zip code	WILSONS SUPERMARKET 91 FISH HAWK CT WILMINGTON NC 28403
Box d:	Employee's social security number	400-00-1023
Box e:	Employee's first name, initial, and last name	TEST J CADEN
Box f:	Employee's address and zip code	USS ROBERT E LEE FPO AP 96222
Box 1:	Wages, tips, other compensation	1800
Box 2:	Federal income tax withheld	210
Box 3:	Social security wages	1800
Box 4:	Social security tax withheld	112
Box 5:	Medicare wages and tips	1800
Box 6:	Medicare tax withheld	26
Box 15:	State	NC
	Employer's state ID number	56420214
Box 16:	State wages, tips, etc	1800
Box 17:	State income tax	20

## Test #24

FORMS INCLUDED: FORM 1040

## Form 1040:

Taxpayer's first name, initial, last name	TEST G HERBALIST
Taxpayer's social security number	400-00-1024
Home address (number and street)	50 FEEL GOOD AVENUE
City, state, and zip	GREEN VALLEY LAKE CA 92341
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 12: Business income or (loss)	75600
Line 17: Rental real estate, royalties, partnerships	12462
Line 21: Other income	270
Literal:	Form 8864 270
Line 22: Total income	88332
Line 27: One-half of self-employment tax	5341
Line 36: Add lines 23 through 31a and 32 through 35	5341
Line 37: Adjusted gross income	82991
Line 38: Enter amount from line 37	82991
Line 40: Itemized deductions or standard deduction	5000
Line 41: Subtract line 40 from line 38	77991
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43: Taxable income	74791
Line 44: Tax	15444
Line 46: Add lines 44 and 45	15444
Line 55: Other credits	4402
Line 55a: Form 3800	X
Line 55c: Specify:	X
Literal:	FORM 8834
Line 56: Total credits	4402
Line 57: Subtract line 56 from line 46	11042
Line 58: Self-employment tax	10682
Line 63: Total tax	21724
Line 71: Total payments	0
Line 75: Amount you owe:	22424
Line 76: Estimated tax penalty	700
Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122
Taxpayer's occupation:	CHEMIST
Daytime phone number:	805-555-2121

Test #25

FORMS INCLUDED: FORM 1040

Form 1040:

Taxpayer's first name, initial, last name	TEST O OLYMPICS
Taxpayer's social security number	400-00-1025
Home address (number and street)	121 TORCH ST
City, state, and zip	ATLANTA GA 30301
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	QUALIFYING WIDOWER
Year spouse died	2004
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1:	
Name	WENDY OLYMPICS
Social security number	400-55-3025
Relationship	DAUGHTER
Qualifying child	X
Number of children who lived with you	1
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	7000
Line 8a: Taxable interest	22482
Line 8b: Tax-exempt interest	15699
Line 9a: Ordinary dividends	16166
Line 9b: Qualified dividends	14377
Line 13: Capital gain or (loss)	33265
Line 22: Total income	78913
Line 37: Adjusted gross income	78913
Line 38: Enter amount from line 37	78913
Line 40: Itemized deductions or standard deduction	33379
Line 41: Subtract line 40 from line 38	45534
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	39134
Line 44: Tax	3705
Line 46: Add lines 44 and 45	3705
Line 52: Child tax credit	800
Line 55: Other Credits	1614
Line 55b: Form 8801	X
Line 56: Total credits	2414
Line 57: Subtract line 56 from line 46	1291
Line 63: Total tax	1291
Line 65: Estimated tax payments and overpayment applied	1000
Line 71: Total payments	1000
Line 75: Amount you owe:	291
Third party designee:	NO
Taxpayer's occupation:	INVESTMENT SPECIALIST
Daytime phone number:	404-555-1020

## Test #26

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (1)

## Form 1040:

Taxpayer's first name, initial, last name	TEST F STILES
Taxpayer's social security number	400-00-1026
Home address (number and street)	4664 COUSINS PL
City, state, and zip	TILLAMOOK OR 97141
Filing status	SINGLE
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 7: Wages, salaries, and tips	17400
Line 9a: Ordinary dividends	4860
Line 13: Capital gain or (loss)	1186
Line 17: Rental real estate, royalties, partnerships	28830
Line 22: Total income	52276
Line 34: Tuition and fees deduction	2000
Line 36: Add lines 23 through 31a and 32 through 35	2000
Line 37: Adjusted gross income	50276
Line 38: Enter amount from line 37	50276
Line 40: Itemized deductions or standard deduction	5000
Line 41: Subtract line 40 from line 38	45276
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43: Taxable income	42076
Line 44: Tax	7149
Line 44b: Form 4972	X
Line 46: Add lines 44 and 45	7149
Line 47: Foreign tax credit	3456
Line 56: Total credits	3456
Line 57: Subtract line 56 from line 46	3693
Line 63: Total tax	3693
Line 64: Federal income tax withheld	2580
Literal	FORM 1099
Line 65: Estimated tax payments and overpayment applied	500
Line 71: Total payments	3080
Line 75: Amount you owe:	613
Third party designee:	NO
Taxpayer's occupation:	STOCK BROKER

TEST #26 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	93-1422446
Box c:	Employer's name, address, and zip code	MEXICO AVENTURAS RIO LERMO NO 1665 81000 XALAPA VERACRUZ .
Box d:	Employee's social security number	400-00-1026
Box e:	Employee's first name, initial, and last name	TEST F STILES
Box f:	Employee's address and zip code	4664 COUSINS PL TILLAMOOK OR 97141
Box 1:	Wages, tips, other compensation	17400
Box 2:	Federal income tax withheld	2100
Box 3:	Social security wages	17400
Box 4:	Social security tax withheld	1079
Box 5:	Medicare wages and tips	17400
Box 6:	Medicare tax withheld	252
Box 14:	Other	FOR TAX 1600
Box 15:	State Employer's state ID number	OR 934142
Box 16:	State wages, tips, etc	17400
Box 17:	State income tax	1023

FORM 1099-R #1:

Payer's name, street address, city, state, and zip	GOLDEN YEARS RETIREMENT FUNDS 129 QUEBEC BLVD ATLANTA GA 30348	
Payer's federal identification number	99-5244433	
Recipient's identification number	400-00-1026	
Recipient's name	TEST F STILES	
Recipient's street address	4664 COUSINS PL	
Recipient's city, state, and zip	TILLAMOOK OR 97141	
Box 1:	Gross Distribution	3800
Box 2a:	Taxable amount	3800
Box 2b:	Total distribution	X
Box 4:	Federal income tax withheld	480
Box 7:	Distribution code	4A
Box 9a:	Percentage of total distribution	50

## Test #27

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

## Form 1040:

Taxpayer's first name, initial, last name	TEST O MACDONALD
Taxpayer's social security number	400-00-1027
Spouse's first name, initial, last name	DAISY MACDONALD
Spouse's social security number	400-00-2027
Home address (number and street)	1 FIRST STREET APT 3
City, state, and zip	SUNSHINE IA 52544
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Dependent #1:	
Name	JETHRO MACDONALD
Social security number	400-55-3027
Relationship	SON
Dependent #2:	
Name	ELLIE MAE MACDONALD
Social security number	400-55-4027
Relationship	DAUGHTER
Number of children who lived with you	2
Line 6d: Total number of exemptions claimed	4
Line 7: Wages, salaries, and tips	37967
Line 18: Farm income or (loss)	8214
Line 22: Total income	46181
Line 27: One-half of self-employment tax	581
Line 36: Add lines 23 through 31a and 32 through 35	581
Line 37: Adjusted gross income	45600
Line 38: Enter amount from line 37	45600
Line 40: Itemized deductions or standard deduction	10000
Line 41: Subtract line 40 from line 38	35600
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	12800
Line 43: Taxable income	22800
Line 44: Tax	2694
Line 46: Add lines 44 and 45	2694
Line 55: Other credits	2694
Line 55a: Form 3800	X
Line 55c: Specify	X
Literal	6478
Line 56: Total credits	2694
Line 57: Subtract line 56 from line 46	0
Line 58: Self-employment tax	1161
Line 63: Total tax	1161
Line 64: Federal income tax withheld	749
Line 71: Total payments	749
Line 75: Amount you owe:	412
Third party designee:	NO
Taxpayer's occupation:	TRUCK DRIVER
Spouse's occupation:	FARMER



TEST #27 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	42-8765421
Box c:	Employer's name, address, and zip code	TURNIP TRUCK PRODUCE 8439 VEGGIE LANE VINING IA 52348
Box d:	Employee's social security number	400-00-1027
Box e:	Employee's first name, initial, and last name	TEST O MACDONALD
Box f:	Employee's address and zip code	1 FIRST STREET APT 3 SUNSHINE IA 52544
Box 1:	Wages, tips, other compensation	30000
Box 2:	Federal income tax withheld	749
Box 3:	Social security wages	30000
Box 4:	Social security tax withheld	1860
Box 5:	Medicare wages and tips	30000
Box 6:	Medicare tax withheld	435
Box 15:	State	IA
	Employer's state ID number	4200001
Box 16:	State wages, tips, etc	30000
Box 17:	State income tax	2100

FORM W-2 #2:

Box b:	Employer identification number	42-6651220
Box c:	Employer's name, address, and zip code	PACK AND MOVE 321 TRAVELLERS REST SUNSHINE IA 52544
Box d:	Employee's social security number	400-00-1027
Box e:	Employee's first name, initial, and last name	TEST O MACDONALD
Box f:	Employee's address and zip code	1 FIRST STREET APT 3 SUNSHINE IA 52544
Box 1:	Wages, tips, other compensation	7967
Box 3:	Social security wages	7967
Box 4:	Social security tax withheld	494
Box 5:	Medicare wages and tips	7967
Box 6:	Medicare tax withheld	116
Box 15:	State	IA
	Employer's state ID number	4201240
Box 16:	State wages, tips, etc	7967
Box 17:	State income tax	26

## Test #28

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

## Form 1040:

Taxpayer's first name, initial, last name	TEST A LOTT
Taxpayer's social security number	400-00-1028
Spouse's first name, initial, last name	EDNA K LOTT
Spouse's social security number	400-00-2028
Home address (number and street)	45020 GREEN WAY
City, state, and zip	DALLAS TX 75202
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6d: Total number of exemptions claimed	2
Line 7: Wages, salaries, and tips	1225500
Line 12: Business income or (loss)	170533
Line 22: Total income	1396033
Line 27: One-half of self-employment tax	7864
Line 36: Add lines 23 through 31a and 32 through 35	7864
Line 37: Adjusted gross income	1388169
Line 38: Enter amount from line 37	1388169
Line 40: Itemized deductions or standard deduction	101589
Line 41: Subtract line 40 from line 38	1286580
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	0
Line 43: Taxable income	1286580
Line 44: Tax	424366
Line 46: Add lines 44 and 45	424366
Line 55: Other credits	9540
Line 55a: Form 3800	X
Line 55c: Specify:	X
Literal:	8844
Line 56: Total credits	9540
Line 57: Subtract line 56 from line 46	414826
Line 58: Self-employment tax	15727
Line 63: Total tax	439567
Literal	FORM 8866 9014
Line 64: Federal income tax withheld	419000
Line 71: Total payments	419000
Line 75: Amount you owe:	20567
Third party designee:	NO
Taxpayer's occupation:	SELF-EMPLOYED
Spouse's occupation:	BANKER

TEST #28 (CONTINUED):

FORM W-2 #1:

Box b:	Employer identification number	73-1111222
Box c:	Employer's name, address, and zip code	THIRD REGIONAL BANK ONE TOWER SQUARE DALLAS TX 75266
Box d:	Employee's social security number	400-00-2028
Box e:	Employee's first name, initial, and last name	EDNA K LOTT
Box f:	Employee's address and zip code	45020 GREEN WAY DALLAS TX 75202
Box 1:	Wages, tips, other compensation	1225500
Box 2:	Federal income tax withheld	419000
Box 3:	Social security wages	90000
Box 4:	Social security tax withheld	5580
Box 5:	Medicare wages and tips	1225500
Box 6:	Medicare tax withheld	17770
Box 13:	Retirement plan	X
Box 15:	State	OK
	Employer's state ID number	73012456
Box 16:	State wages, tips, etc	1200

## Test #29

FORMS INCLUDED: FORM 1040

## Form 1040:

Taxpayer's first name, initial, last name	TEST T LIVINGWATERS
Taxpayer's social security number	400-00-1029
Spouse's first name, initial, last name	ISABEL H LIVINGWATERS
Spouse's social security number	400-00-2029
Home address (number and street)	341 RONALD RD
City, state, and zip	HULL IL 62343
Taxpayer's Presidential Election Campaign Fund	YES
Spouse's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6d: Total number of exemptions claimed	2
Line 13: Capital gain or (loss)	1000
Line 14: Other gains or (losses)	3588
Line 17: Rental real estate, royalties, partnerships	1500
Line 18: Farm income or (loss)	28139
Line 20a: Social security benefits	2200
Line 20b: Taxable amount of social security benefits	670
Line 22: Total income	34897
Line 27: One-half of self-employment tax	1988
Line 36: Add lines 23 through 31a and 32 through 35	1988
Line 37: Adjusted gross income	32909
Line 38: Enter amount from line 37	32909
Line 39a: You were born before January 2, 1941	X
You are blind	X
Spouse was born before January 2, 1941	X
Total boxes checked	3
Line 40: Itemized deductions or standard deduction	13000
Line 41: Subtract line 40 from line 38	19909
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43: Taxable income	13509
Line 44: Tax	1149
Line 46: Add lines 44 and 45	1149
Line 55: Other Credits	40
Line 55c: Specify	X
Literal	8896
Line 56: Total credits	40
Line 57: Subtract line 56 from line 46	1109
Line 58: Self-employment tax	3976
Line 63: Total tax	7835
Literal	ICR 2000
Literal	FMSR 750
Line 65: Estimated tax payments and overpayment applied	3000
Line 71: Total payments	3000
Line 75: Amount you owe:	4839
Line 76: Estimated tax penalty	4
Third party designee:	NO
Taxpayer's occupation:	RETIRED
Spouse's occupation:	FARMER

## Test #30

FORMS INCLUDED: FORM 1040

## Form 1040:

Taxpayer's first name, initial, last name	TEST E RATT
Taxpayer's social security number	400-00-1030
Spouse's first name, initial, last name	WHARF B RATT
Spouse's social security number	400-00-2030
Home address (number and street)	452 MOUSETRAP CT
City, state, and zip	CHEESETOWN PA 17201
Taxpayer's Presidential Election Campaign Fund	YES
Spouse's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY

Line 6a:	Yourself (exemption)	X
Line 6b:	Spouse (exemption)	X
	Number of boxes checked on 6a and 6b	2
Line 6d:	Total number of exemptions claimed	2
Line 8a:	Taxable interest	390
Line 10:	Taxable refunds, credit, or offsets of state tax	2000
Line 14:	Other gains or (losses)	85
Line 17:	Rental real estate, royalties, partnerships	10858
Line 18:	Farm income or (loss)	9086
Line 22:	Total income	22419
Line 27:	One-half of self-employment tax	642
Line 36:	Add lines 23 through 31a and 32 through 35	642
Line 37:	Adjusted gross income	21777
Line 38:	Enter amount from line 37	21777
Line 40:	Itemized deductions or standard deduction	10667
Line 41:	Subtract line 40 from line 38	11110
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 43:	Taxable income	4710
Line 44:	Tax	473
Line 46:	Add lines 44 and 45	473
Line 54:	Credits from	255
Line 54a:	Form 8396	X
Line 56:	Total credits	255
Line 57:	Subtract line 56 from line 46	218
Line 58:	Self-employment tax	1284
Line 63:	Total tax	1502
Line 71:	Total payments	0
Line 75:	Amount you owe:	1507
Line 76:	Estimated tax penalty:	5

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11122
Taxpayer's occupation:	FARMER
Spouse's occupation:	HOMEMAKER

## Test #31

FORMS INCLUDED: FROM 1040, FORM 1099-R (1)

## Form 1040:

Taxpayer's first name, initial, last name	TEST L PARTNER
Taxpayer's social security number	400-00-1031
Home address (number and street)	123 FRIGID LN
City, state, and zip	STARKWEATHER ND 58377
Filing status	SINGLE
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 9a: Ordinary dividends	4000
Line 9b: Qualified dividends	4000
Line 16b: Taxable amount of pensions and annuities	5000
Line 17: Rental real estate, royalties, partnerships	4500
Line 22: Total income	13500
Line 37: Adjusted gross income	13500
Line 38: Enter amount from line 37	13500
Line 40: Itemized deductions or standard deduction	5000
Line 41: Subtract line 40 from line 38	8500
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43: Taxable income	5300
Line 44: Tax	331
Line 46: Add lines 44 and 45	331
Line 49: Credit for elderly or disabled	60
Line 55: Other credits	271
Line 55a: Form 3800	X
Line 56: Total credits	331
Line 57: Subtract line 56 from line 46	0
Line 63: Total tax	0
Literal	LIHCR 560
Line 64: Federal income tax withheld	350
Literal	FORM 1099
Line 71: Total payments	350
Line 75: Amount you owe:	210
Third party designee:	NO
Taxpayer's occupation:	PROPERTY MANAGER

## FORM 1099-R #1:

Payer's name, street address, city, state, and zip	HARTFORD FINANCIAL SERVICES 1158 NEW BEDFORD STREET FRANKLIN NC 28734
Payer's federal identification number	56-2667891
Recipient's identification number	400-00-1031
Recipient's name	TEST L PARTNER
Recipient's street address	123 FRIGID LN
Recipient's city, state, and zip	STARKWEATHER ND 58377
Box 1: Gross Distribution	5000
Box 2a: Taxable amount	5000
Box 4: Federal income tax withheld	350
Box 7: Distribution code	3

Test #32

FORMS INCLUDED: FORMS 1040EZ, FORM W-2 (1)

Form 1040EZ:

Taxpayer's first name, initial, last name	TEST A EAU DE TOILETTE
Taxpayer's social security number	400-00-1032
Home address (number and street)	5 GOTTA SMELL GOOD ST
City, state, and zip	OTTO NC 28763
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE
Line 1: Wages, salaries, and tips	9000
Line 2: Taxable interest	370
Line 4: Adjusted gross income	9370
Line 5: Can someone else claim you on their return	NO
Deduction/exemption amount	8200
Line 6: Taxable income	1170
Line 7: Federal income tax withheld	750
Line 8a: Earned income credit	182
Line 9: Total payments	932
Line 10: Tax	116
Line 11a: Refund	816
Line 11b: Routing number	XXXXXXXXXX
Line 11d: Account number	XXXXXXXXXXXXXXXXXXXX
Third party designee:	NO
Taxpayer's occupation:	SALES CLERK

FORM W-2 #1:

Box b: Employer identification number	41-8765432
Box c: Employer's name, address, and zip code	SWEET AROMA HEALTH AND BEAUTY AIDES 7 FRAGRANT WAY COLOGNE MO 64188
Box d: Employee's social security number	400-00-1032
Box e: Employee's first name, initial, last name	TEST A EAU DE TOILETTE
Box f: Employee's address and zip code	5 GOTTA SMELL GOOD ST OTTO NC 28763
Box 1: Wages, tips, other compensation	9000
Box 2: Federal income tax withheld	750
Box 3: Social security wages	9000
Box 4: Social security tax withheld	558
Box 5: Medicare wages and tips	9000
Box 6: Medicare tax withheld	131
Box 15: State	NC
Employer's state ID number	41777
Box 16: State wages, tips, etc	9000
Box 17: State income tax	525

## Test #33

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

## Form 1040A:

Taxpayer's first name, initial, last name	TEST Y INSIGHTFUL
Taxpayer's social security number	400-00-1033
Spouse's first name, initial, last name	IRENE K INSIGHTFUL
Spouse's social security number	400-00-2033
Home address (number and street)	512 HOWARD DRIVE
City, state, and zip	WINTER PARK FL 32789
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6d: Total number of exemptions claimed	2
Line 8a: Taxable interest	12000
Line 11a: IRA Distributions	700
Line 11b: Taxable amount of IRA distributions	100
Line 12a: Pensions and annuities	15000
Line 12b: Taxable amount of pensions and annuities	12000
Line 14a: Social security benefits	23000
Line 14b: Taxable amount of social security benefits	1800
Line 15: Total income	25900
Line 21: Adjusted gross income	25900
Line 22: Enter amount from line 21	25900
Line 23a: Spouse was born before January 2, 1941	X
Spouse is blind	X
Total boxes checked	2
Line 24: Standard deduction	12000
Line 25: Subtract line 24 from line 22	13900
Line 26: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 27: Taxable income	7500
Line 28: Tax	753
Line 36: Subtract line 35 from line 28	753
Line 38: Total tax	753
Line 43: Total payments	0
Line 47: Amount you owe:	753
Third party designee:	NO
Taxpayer PIN:	19360
Taxpayer signature date:	2006-02-12
Spouse PIN:	19340
Taxpayer's occupation:	RETIRED
Spouse's occupation:	RETIRED



TEST #33 (CONTINUED) :

FORM 1099-R #1:

Payer's name, street address, city, state, and zip	THEME PARK PENSION PLAN 1 BUENA VISTA WAY ANAHEIM CA 92812
Payer's federal identification number	33-4234444
Recipient's identification number	400-00-2033
Recipient's name	IRENE K INSIGHTFUL
Recipient's street address	512 HOWARD DR
Recipient's city, state, and zip	WINTER PARK FL 32789
Box 1: Gross Distribution	15000
Box 2a: Taxable amount	12000
Box 7: Distribution code	7
Box 10: State tax withheld	100
Box 11: State/payer's state number	CA 330011
Box 12: State distribution	12000

FORM 1099-R #2:

Payer's name, street address, city, state, and zip	BIG BROKERS 12 WALL STREET NEW YORK CITY NY 10005
Payer's federal identification number	13-4433221
Recipient's identification number	400-00-2033
Recipient's name	IRENE K INSIGHTFUL
Recipient's street address	512 HOWARD DR
Recipient's city, state, and zip	WINTER PARK FL 32789
Box 1: Gross Distribution	700
Box 2a: Taxable amount	100
Box 7: Distribution code	7
	IRA/SEP/SIMPLE
	X
Box 11: State/payer's state number	NY 132143
Box 12: State distribution	100

## Test #34

FORMS INCLUDED: FORM 1040, FORM W-2 (2), FORM 1099-R (1)

## Form 1040:

Literal	INJURED SPOUSE
Taxpayer's first name, initial, last name	TEST T HAMMER
Taxpayer's social security number	400-00-1034
Spouse's first name, initial, last name	MARY B HAMMER
Spouse's social security number	400-00-2034
Home address (number and street)	74 BUILDER DR
City, state, and zip	GREENVILLE SC 29601
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c: Literal	STATEMENT #1
Dependent #1:	
Name	BILL HAMMER
Social security number	400-00-3034
Relationship	SON
Dependent #2:	
Name	BOB HAMMER
Social security number	400-55-4034
Relationship	SON
Qualifying child	X
Dependent #3:	
Name	KIM HAMMER
Social security number	400-00-5034
Relationship	DAUGHTER
Qualifying child	X
Dependent #4:	
Name	KATIE HAMMER
Social security number	400-00-6034
Relationship	DAUGHTER
Qualifying child	X
Dependent #5:	
Name	LEAH HAMMER
Social security number	400-55-7034
Relationship	DAUGHTER
Qualifying child	X
Dependent #6:	
Name	LANCE HAMMER
Social security number	400-55-8034
Relationship	SON
Qualifying child	X
Number of children who lived with you	6
Line 6d: Total number of exemptions claimed	8
Line 7: Wages, salaries, and tips	28400
Literal	DCB 2400
Line 15a: IRA Distributions	1400
Line 15b: Taxable amount of IRA distributions	500
Line 17: Rental real estate, royalties, partnerships	7000
Line 20a: Social security benefits	13000
Line 20b: Taxable amount of social security benefits	4200
Line 22: Total income	40100

## TEST #34 (CONTINUED) :

Line 32:	IRA deduction	2000
Line 36:	Add lines 23 through 31a and 32 through 35	2000
Line 37:	Adjusted gross income	38100
Line 38:	Enter amount from line 37	38100
Line 39a:	You were born before January 2, 1941	X
	Total boxes checked	1
Line 40:	Itemized deductions or standard deduction	11000
Line 41:	Subtract line 40 from line 38	27100
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	25600
Line 43:	Taxable income	1500
Line 44:	Tax	151
Line 46:	Add lines 44 and 45	151
Line 48:	Credit for child and dependent care expenses	151
Line 56:	Total credits	151
Line 57:	Subtract line 56 from line 46	0
Line 62:	Household employment taxes	355
Line 63:	Total tax	355
Line 64:	Federal income tax withheld	500
Line 68:	Additional child tax credit	2610
Line 71:	Total payments	3110
Line 72:	Overpaid	2755
Line 73a:	Amount refunded	2755
Line 73b:	Routing number	XXXXXXXXXX
Line 73d:	Account number	XXXXXXXXXXXXXXXXXXXX

Third party designee:	YES
Designee's name	JOHN DOE
Designee's phone number	888-555-1111
Designee's personal identification number (PIN)	11112
Taxpayer's occupation:	CONSTRUCTION
Spouse's occupation:	BANK TELLER

## FORM W-2 #1:

Box b:	Employer identification number	57-2587950
Box c:	Employer's name, address, and zip code	TIMELY BUILDERS 12 BUILDER DR GREENVILLE SC 29601
Box d:	Employee's social security number	400-00-1034
Box e:	Employee's first name, initial, and last name	TEST T HAMMER
Box f:	Employee's address and zip code	74 BUILDER DR GREENVILLE SC 29601
Box 1:	Wages, tips, other compensation	25000
Box 2:	Federal income tax withheld	500
Box 3:	Social security wages	25000
Box 4:	Social security tax withheld	1550
Box 5:	Medicare wages and tips	25000
Box 6:	Medicare tax withheld	363
Box 10:	Dependent care benefits	3400
Box 15:	State Employer's state ID number	SC 5712345
Box 16:	State wages, tips, etc	25000
Box 17:	State income tax	500

TEST #34 (CONTINUED) :

FORM W-2 #2:

Box b:	Employer identification number	57-8234588
Box c:	Employer's name, address, and zip code	GREENVILLE BANK 1200 CENTRAL AVE GREENVILLE SC 29601
Box d:	Employee's social security number	400-00-2034
Box e:	Employee's first name, initial, and last name	MARY B HAMMER
Box f:	Employee's address and zip code	74 BUILDER DR GREENVILLE SC 29601
Box 1:	Wages, tips, other compensation	1000
Box 3:	Social security wages	1000
Box 4:	Social security tax withheld	62
Box 5:	Medicare wages and tips	1000
Box 6:	Medicare tax withheld	15
Box 15:	State	SC
	Employer's state ID number	5734246
Box 16:	State wages, tips, etc	1000

FORM 1099-R #1:

Payer's name, street address, city, state, and zip	PHILLIP JOHNSON BROKERS 12 WALL STREET NEW YORK CITY NY 10009	
Payer's federal identification number	57-8888875	
Recipient's identification number	400-00-1034	
Recipient's name	TEST T HAMMER	
Recipient's street address	74 BUILDER DR	
Recipient's city, state, and zip	GREENVILLE SC 29601	
Box 1:	Gross Distribution	1400
Box 2a:	Taxable amount	1400
Box 7:	Distribution code	T
	IRA/SEP/SIMPLE	X
Box 11:	State/payer's state number	SC 5701434
Box 12:	State distribution	1400

Test #35

NOTE: FOR ON-LINE FILING ONLY

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

Form 1040A:

Taxpayer's first name, initial, last name	TEST O MAPLE
Taxpayer's social security number	400-00-1035
Home address (number and street)	7842 WEEPING WILLOW LN
City, state, and zip	AUDUBON NJ 08106-7842
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	SINGLE

	Number of boxes checked on 6a and 6b	0
Line 6d:	Total number of exemptions claimed	0
Line 7:	Wages, salaries, and tips	4400
Line 8a:	Taxable interest	6500
Line 8b:	Tax-exempt interest	1000
Line 9a:	Ordinary dividends	3000
Line 15:	Total income	13900
Line 21:	Adjusted gross income	13900
Line 22:	Enter amount from line 21	13900
Line 24:	Standard deduction	4650
Line 25:	Subtract line 24 from line 22	9250
Line 26:	Multiply \$3200 by the total number of exemptions claimed on line 6d	0
Line 27:	Taxable income	9250
Line 28:	Tax	1026
Line 36:	Subtract line 35 from line 28	1026
Line 38:	Total tax	1026
Line 39:	Federal income tax withheld	1360
Line 43:	Total payments	1360
Line 44:	Overpaid	334
Line 45a:	Refunded to you	334
Line 45b:	Routing number	XXXXXXXXXX
Line 45d:	Account number	XXXXXXXXXXXXXXXXXXXX

Third party designee: NO

Taxpayer's occupation:	TREE TRIMMER
Taxpayer's PIN:	19821
Taxpayer's signature date:	2006-03-21
Daytime phone number:	201-555-1111

TEST #35 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	22-2244661
Box c:	Employer's name, address, and zip code	TREE TOPPERS INC 783 CHRISTMAS TREE DRIVE AUDUBON NJ 08106
Box d:	Employee's social security number	400-00-1035
Box e:	Employee's first name, initial, and last name	TEST O MAPLE
Box f:	Employee's address and zip code	7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842
Box 1:	Wages, tips, other compensation	1200
Box 2:	Federal income tax withheld	480
Box 3:	Social security wages	1200
Box 4:	Social security tax withheld	74
Box 5:	Medicare wages and tips	1200
Box 6:	Medicare tax withheld	17
Box 15:	State	NJ
	Employer's state ID number	22130
Box 16:	State wages, tips, etc	1200
Box 17:	State income tax	84

FORM W-2 #2:

Box b:	Employer identification number	22-3355771
Box c:	Employer's name, address, and zip code	OAKLEYS YARD AND GARDEN 87 KUDZU CENTER AUDUBON NJ 08106
Box d:	Employee's social security number	400-00-1035
Box e:	Employee's first name, initial, and last name	TEST O MAPLE
Box f:	Employee's address and zip code	7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842
Box 1:	Wages, tips, other compensation	3200
Box 2:	Federal income tax withheld	880
Box 3:	Social security wages	3200
Box 4:	Social security tax withheld	198
Box 5:	Medicare wages and tips	3200
Box 6:	Medicare tax withheld	46
Box 15:	State	NJ
	Employer's state ID number	07543917
Box 16:	State wages, tips, etc	3200

Test #36

NOTE: FOR ON-LINE FILING ONLY

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

Form 1040A:

Taxpayer's first name, initial, last name	TEST Y INSIGHTFUL
Taxpayer's social security number	400-00-1036
Spouse's first name, initial, last name	IRENE K INSIGHTFUL
Spouse's social security number	400-00-2036
Home address (number and street)	512 HOWARD DR
City, state, and zip	WINTER PARK FL 32789
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b: Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6d: Total number of exemptions claimed	2
Line 8a: Taxable interest	12000
Line 11a: IRA Distributions	700
Line 11b: Taxable amount of IRA distributions	100
Line 12a: Pensions and annuities	15000
Line 12b: Taxable amount of pensions and annuities	12000
Line 14a: Social security benefits	23000
Line 14b: Taxable amount of social security benefits	1800
Line 15: Total income	25900
Line 21: Adjusted gross income	25900
Line 22: Enter amount from line 21	25900
Line 23a: Spouse was born before January 2, 1941	X
Spouse is blind	X
Total boxes checked	2
Line 24: Standard deduction	12000
Line 25: Subtract line 24 from line 22	13900
Line 26: Multiply \$3200 by the total number of exemptions claimed on line 6d	6400
Line 27: Taxable income	7500
Line 28: Tax	753
Line 36: Subtract line 35 from line 28	753
Line 38: Total tax	753
Line 43: Total payments	0
Line 47: Amount you owe:	753
Third party designee:	NO
Taxpayer's occupation:	RETIRED
Spouse's occupation:	RETIRED
Taxpayer's PIN:	19360
Taxpayer's signature date:	2006-02-12
Spouse's PIN:	19340

TEST #36 (CONTINUED) :

FORM 1099-R #1:

Payer's name, street address, city, state, and zip	THEME PARK PENSION PLAN 1 BUENA VISTA WAY ANAHEIM CA 92812
Payer's federal identification number	33-4234444
Recipient's identification number	400-00-2036
Recipient's name	IRENE K INSIGHTFUL
Recipient's street address	512 HOWARD DR
Recipient's city, state, and zip	WINTER PARK FL 32789
Box 1: Gross Distribution	15000
Box 2a: Taxable amount	12000
Box 7: Distribution code	7
Box 11: State/payer's state number	CA 330011
Box 12: State distribution	12000

FORM 1099-R #2:

Payer's name, street address, city, state, and zip	BIG BROKERS 12 WALL STREET NEW YORK CITY NY 10005
Payer's federal identification number	13-4433221
Recipient's identification number	400-00-2036
Recipient's name	IRENE K INSIGHTFUL
Recipient's street address	512 HOWARD DR
Recipient's city, state, and zip	WINTER PARK FL 32789
Box 1: Gross Distribution	700
Box 2a: Taxable amount	100
Box 7: Distribution code	7
	IRA/SEP/SIMPLE
	X
Box 11: State/payer's state number	NY 132143
Box 12: State distribution	100



## Test #37

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

## Form 1040:

Taxpayer's first name, initial, last name	TEST C MAKERS
Taxpayer's social security number	400-00-1037
Home address (number and street)	147 WEST BURLINGTON ST
City, state, and zip	ST PAUL MN 55145
Filing status	SINGLE

Line 6a:	Yourselves (exemption)	X
	Number of boxes checked on 6a and 6b	1
Line 6d:	Total number of exemptions claimed	1
Line 7:	Wages, salaries, and tips	7500
Line 9a:	Ordinary dividends	26000
Line 17:	Rental real estate, royalties, partnerships	65500
Line 18:	Farm income or (loss)	-13400
Line 22:	Total income	85600
Line 37:	Adjusted gross income	85600
Line 38:	Enter amount from line 37	85600
Line 40:	Itemized deductions or standard deduction	3800
Line 41:	Subtract line 40 from line 38	81800
Line 42:	Multiply \$3200 by the total number of exemptions claimed on line 6d	3200
Line 43:	Taxable income	78600
Line 44:	Tax	16522
Line 46:	Add lines 44 and 45	16522
Line 57:	Subtract line 56 from line 46	16522
Line 63:	Total tax	16522
Line 64:	Federal income tax withheld	750
Line 65:	Estimated tax payments and overpayment applied	18000
Line 71:	Total payments	18750
Line 72:	Overpaid	2228
Line 73a:	Amount refunded	2228
Line 73b:	Routing number	XXXXXXXXXX
Line 73d:	Account number	XXXXXXXXXXXXXXXXXXXX

Third party designee:	NO
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Taxpayer's occupation:	ENTREPRENEUR
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TEST #37 (CONTINUED) :

FORM W-2 #1:

Box b:	Employer identification number	58-1234521
Box c:	Employer's name, address, and zip code	MONEY MAKER INVESTMENTS 4256 HARRISON DRIVE ATLANTA GA 30348
Box d:	Employee's social security number	400-00-1037
Box e:	Employee's first name, initial, and last name	TEST C MAKERS
Box f:	Employee's address and zip code	147 WEST BURLINGTON ST ST PAUL MN 55145
Box 1:	Wages, tips, other compensation	27000
Box 2:	Federal income tax withheld	5000
Box 3:	Social security wages	27000
Box 4:	Social security tax withheld	1674
Box 5:	Medicare wages and tips	27000
Box 6:	Medicare tax withheld	392
Box 15:	State	AS
	Employer's state ID number	785413
Box 16:	State wages, tips, etc	27000
Box 17:	State income tax	2000

FORM W-2 #2:

Box b:	Employer identification number	56-5588964
Box c:	Employer's name, address, and zip code	INVESTWISE BROKERAGE 145 HAMPTON DRIVE RALEIGH NC 27634
Box d:	Employee's social security number	400-00-1037
Box e:	Employee's first name, initial, and last name	TEST C MAKERS
Box f:	Employee's address and zip code	147 WEST BURLINGTON ST ST PAUL MN 55145
Box 1:	Wages, tips, other compensation	7500
Box 2:	Federal income tax withheld	750
Box 3:	Social security wages	7500
Box 4:	Social security tax withheld	465
Box 5:	Medicare wages and tips	7500
Box 6:	Medicare tax withheld	109

Test #38

FORMS INCLUDED: FORMS 1040, FORM W-2 (1)

Form 1040:

Taxpayer's first name, initial, last name	TEST A RESEARCH
Taxpayer's social security number	400-00-1038
Home address (number and street)	146 KASHEN UNIVERSITY DR
City, state, and zip	SPRUCE PINE NC 28777
Filing status	SINGLE
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 7: Wages, salaries, and tips	45000
Line 21: Other income	-10000
Literal	FORM 8833 -10000
Line 22: Total income	35000
Line 37: Adjusted gross income	35000
Line 38: Enter amount from line 37	35000
Line 40: Itemized deductions or standard deduction	4850
Line 41: Subtract line 40 from line 38	30150
Line 42: Multiply \$3200 by the total number of exemptions claimed on line 6d	3100
Line 43: Taxable income	27050
Line 44: Tax	3704
Line 46: Add lines 44 and 45	3704
Line 57: Subtract line 56 from line 46	3704
Line 63: Total tax	3704
Line 64: Federal income tax withheld	4000
Line 71: Total payments	4000
Line 72: Overpaid	296
Line 73a: Amount refunded	296
Line 73b: Routing number	XXXXXXXXXX
Line 73d: Account number	XXXXXXXXXXXXXXXXXXXX
Third party designee:	NO
Taxpayer's occupation:	INTERIOR DECORATOR

TEST #38 (CONTINUED):

FORM W-2 #1:

Box b:	Employer identification number	56-9876543
Box c:	Employer's name, address, and zip code	NORTH CAROLINA UNIVERSITY 101 WILDCAT DR SPRUCE PINE NC 28777
Box d:	Employee's social security number	400-00-1038
Box e:	Employee's first name, initial, and last name	TEST A RESEARCH
Box f:	Employee's address and zip code	146 KASHEN UNIVERSITY DR SPRUCE PINE NC 28777
Box 1:	Wages, tips, other compensation	45000
Box 2:	Federal income tax withheld	4000
Box 3:	Social security wages	45000
Box 4:	Social security tax withheld	2790
Box 5:	Medicare wages and tips	45000
Box 6:	Medicare tax withheld	653
Box 15:	State	NC
	Employer's state ID number	12345
Box 16:	State wages, tips, etc	45000
Box 17:	State income tax	2000